

Name
in
Full

George Bailey.

CERTIFICATE OF DEATH

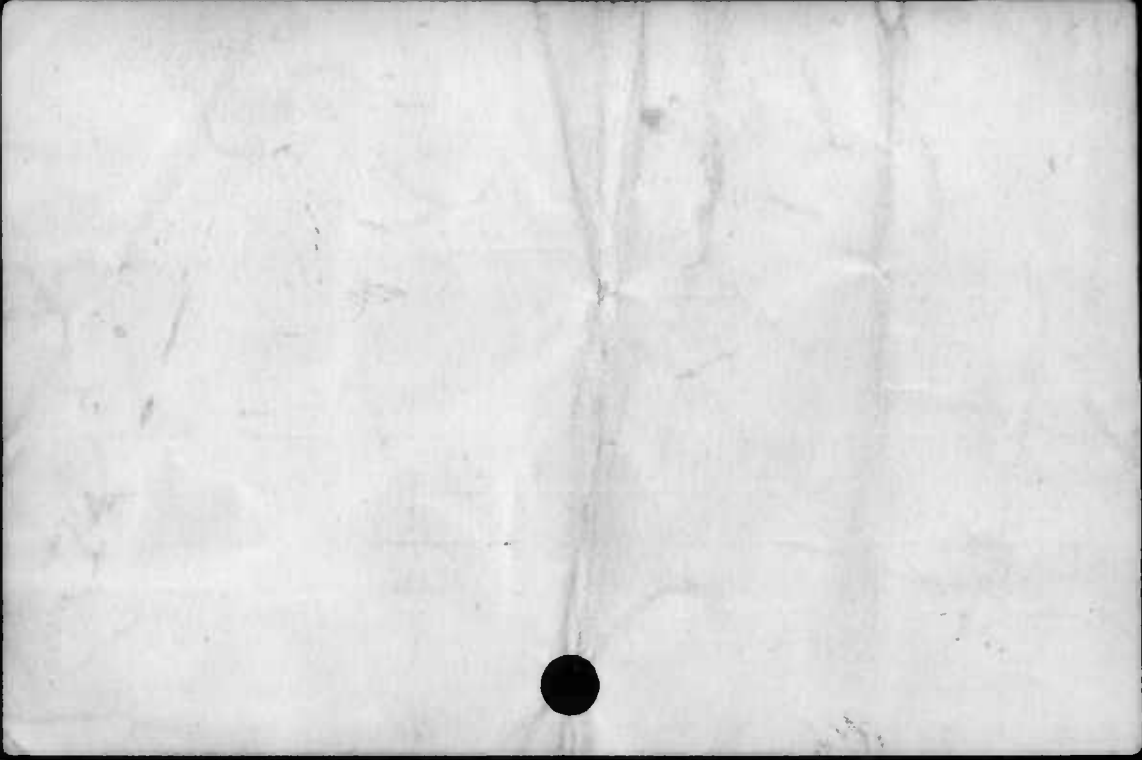
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Riggs mill</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>15</i>	Years <i>58</i>	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Policeman retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>George H. Bailey</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Eliza Ellen</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>H. T. Freeman</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>cause Hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Augustus H. Dahler</i>	
		Address <i>Bladensburg Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

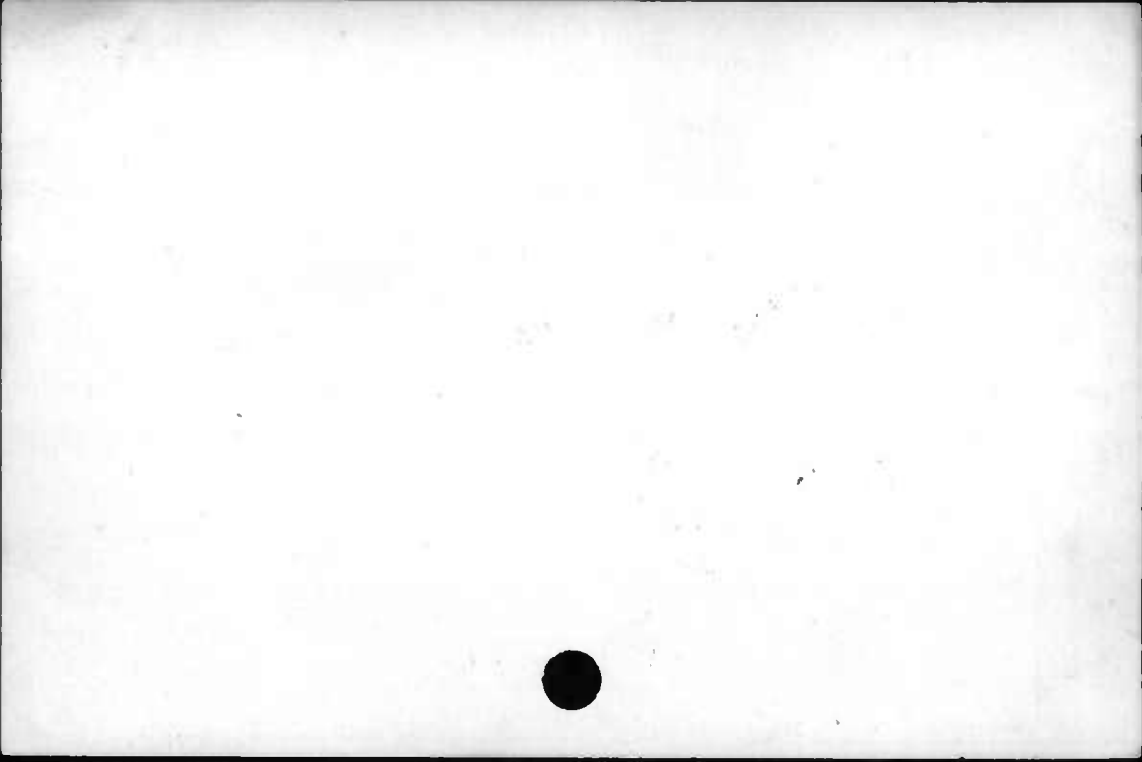
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mullickin</i> Town		County <i>P. G.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>4</i>	Age <i>5</i>	Years <i>00</i>	Months <i>7</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>P. G. Co. Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Alanson Beall</i>	Father's Birthplace <i>P. G. Co. Md.</i>		Mother's Birthplace <i>P. G. Co. Md.</i>		
Mother's Maiden Name <i>Ellen Beall</i>	Name of person giving information <i>C. Beall</i>		How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>	How long <i>4 days</i>
Immediate <i>Arterial</i>	—	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. D. Curall M.D.</i>	
	Address <i>Springfield Md.</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

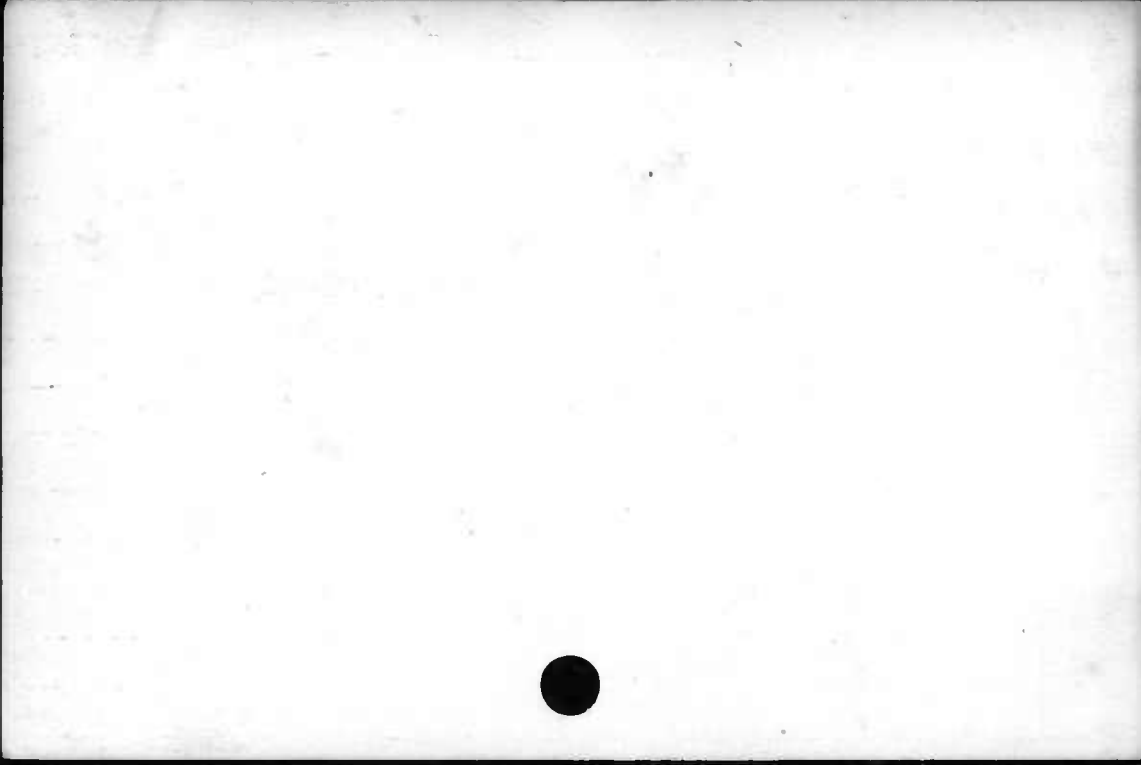
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Amasco</i>		Town <i>Amasco</i>		County <i>Prin</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>22</i>	Age	Years	Months <i>5</i>	Days <i>7</i>	
Sex <i>male</i>	Color or Race <i>Mintatto</i>		Birth-place <i>Maryland</i>				
Occupation			Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Augustus Brooks</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Chisley</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Augustus Brooks</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>malaria and catarrh of nose and throat.</i>	How long <i>30-40 days</i>
Immediate <i>obstruction to breathing and convulsions</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. A. Munbury M.D.</i>
	Address <i>Amasco, Maryland.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Orval R. Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

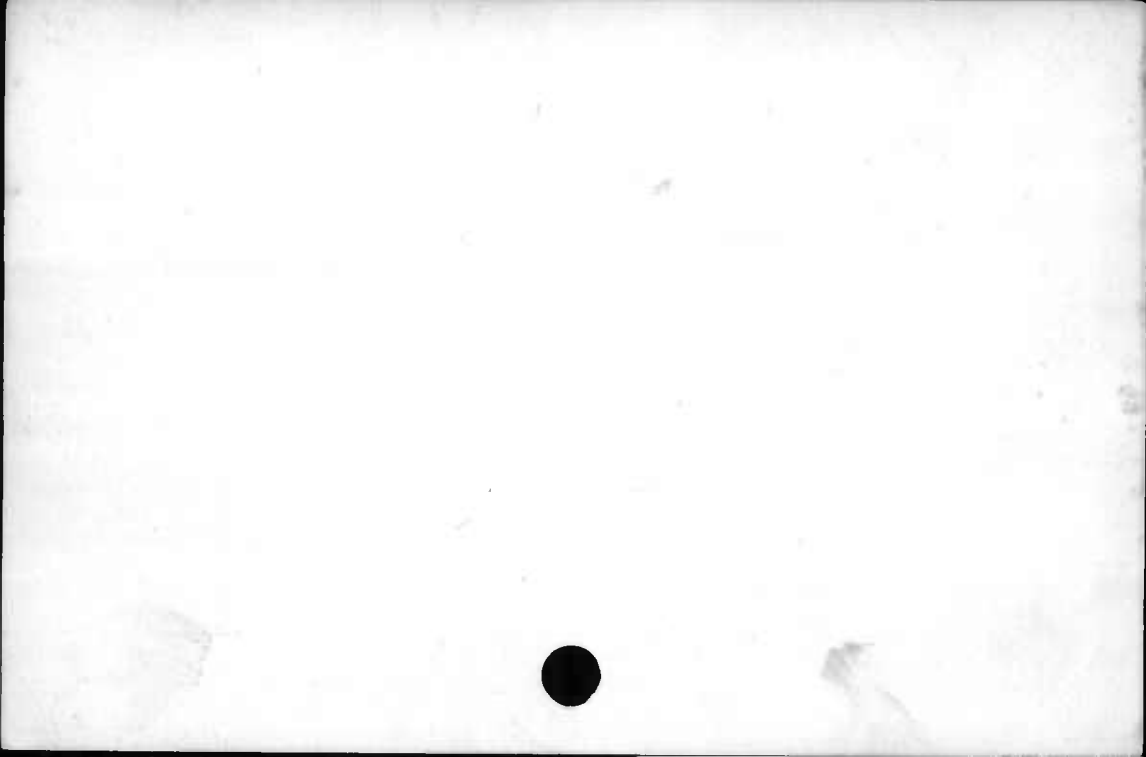
Died at *North Key* ^{Town} *Or Geo* ^{County}
 Date of death *1906* ^{Month} *July* ^{Day} *23* ^{Years} *Age* *1* ^{Months} *14* ^{Days}
 Sex *Male* Color or Race *Colored* Birth-place *North Key*
 Occupation *None* Where Residing if not at place of death

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *J. O. Brooks* Father's Birthplace *Md*
 Mother's Maiden Name *Harrett Calvert* Mother's Birthplace *"*
 Name of person giving information *J. O. Brooks* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Inatition* *151* How long _____
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *W. H. Gibbons*
 Address *Crown md.*
 Accident or Suicide? _____



Name
In
Full

CERTIFICATE OF DEATH

Died at *Seat Pleasant Prince George* County *George* MARYLAND
 Date of death *1906* Month *July* Day *1* Age *—* Years *—* Months *—* Days *—*
 Sex *male* Color or Race *Black* Birth-place *md*
 Occupation *none* Where Residing if not at place of death *—*

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Albert Brown

Father's
Birthplace

md

Mother's
Maiden Name

Josephine Jones

Mother's
Birthplace

md

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

none in attendance

Address

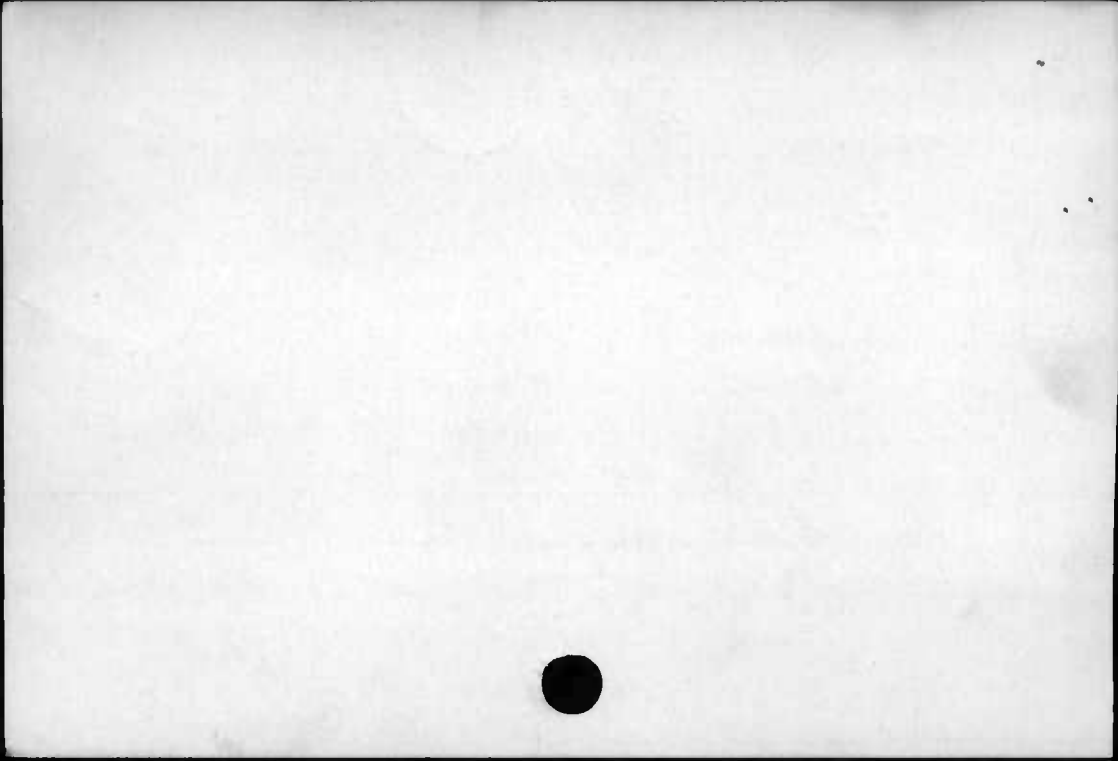
*88 Ausbury St. O.
Forsythville Md.*

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Marine Duwall Chaney.

CERTIFICATE OF DEATH

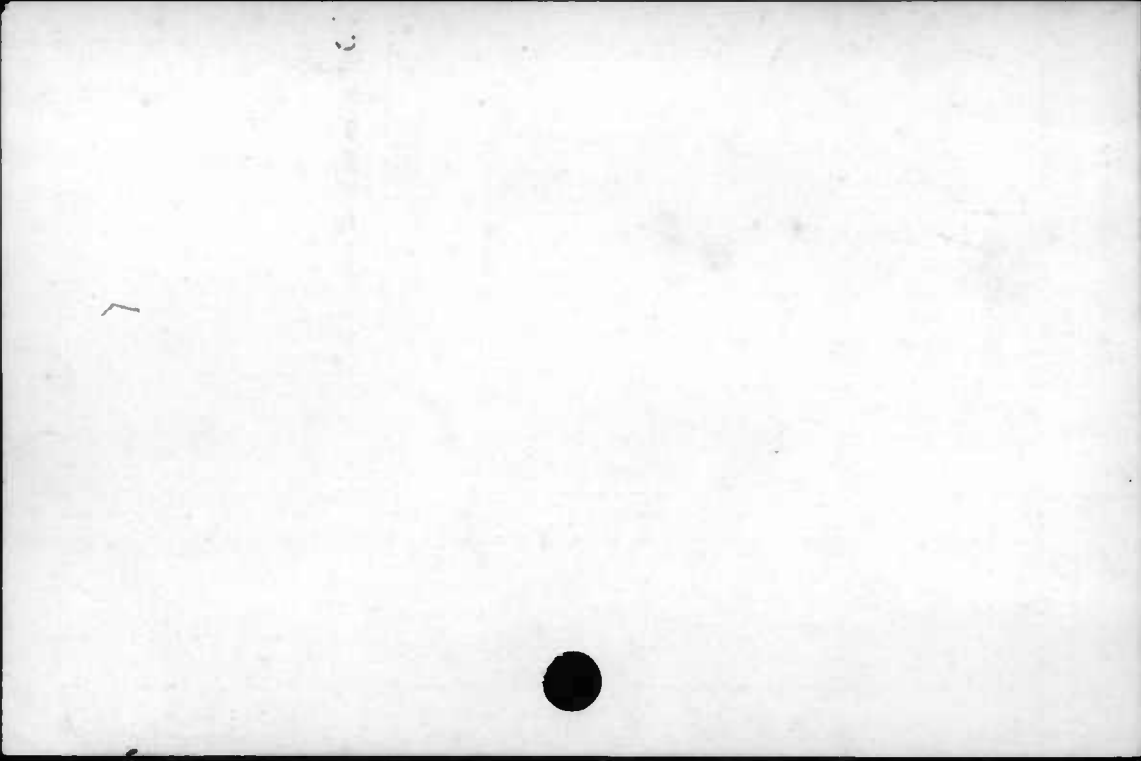
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Lanell		Prince George					
Date of death	1906	Month	7	Day	17	Years	Age 53
Sex	Male	Color or Race	White	Birth-place	Lum. Anne Co.		
Occupation	Carpenter			Where Residing if not at place of death	Lanell. Md		
Married, Single	Single			Name of Wife or Husband	Hattie H. Chaney		
Father's Name	Marine D. Chaney			Father's Birthplace	Pr. Geo. Co.		
Mother's Maiden Name	Rachel N. Chaney			Mother's Birthplace	Howard Co.		
Name of person giving information	Hattie H. Chaney			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Pylorus		How long	2 years.
Immediate	Hæmorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	D. R. C. Harley
			Address	Lanell. Md.
Accident or Suicide?				



Name
in
Full

Charles Chitham

7/16/V.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lan dower</i>		Town <i>Prince George</i>		County <i>Prince George</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>18</i>	Years <i>28</i>	Age	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince Georges Md</i>				
Occupation <i>Section hand Pa. R.R.</i>				Where Residing if not at place of death <i>Lan dower Md</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie Chitham</i>					
Father's Name <i>Chas Chitham</i>				Father's Birthplace <i>Prince Georges Md</i>			
Mother's Maiden Name <i>Sarah Jackson</i>				Mother's Birthplace " " "			
Name of person giving information <i>William Chitham</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

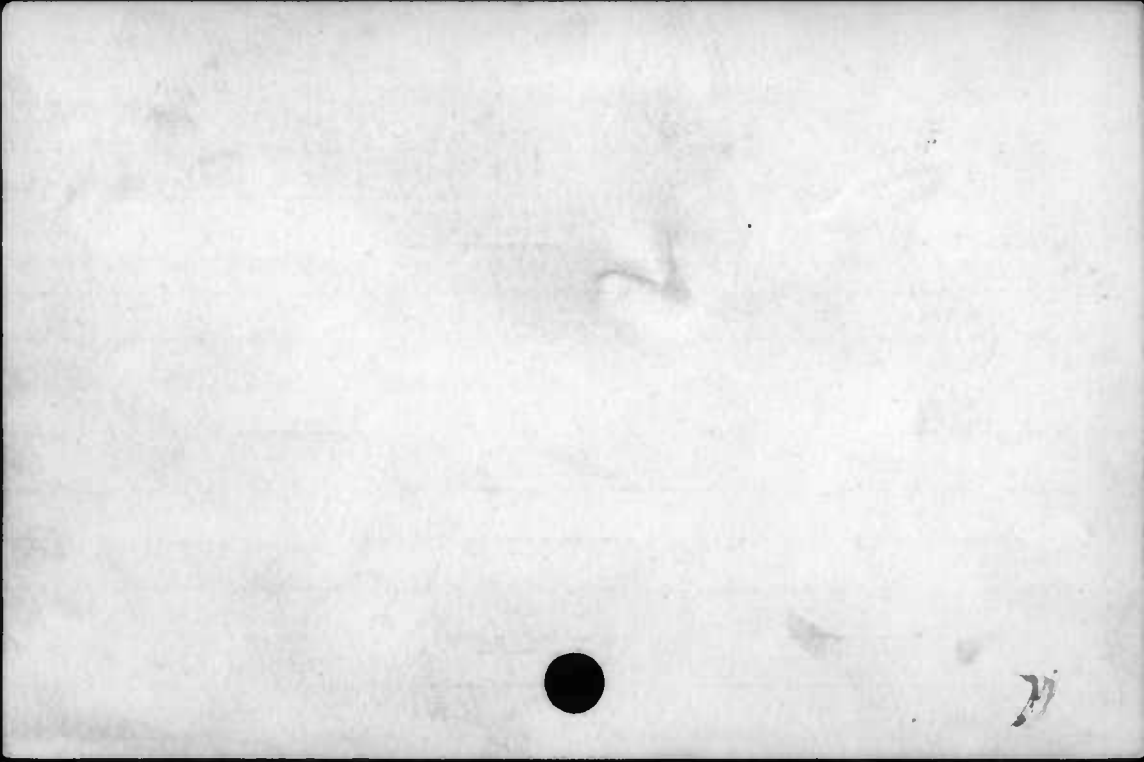
Address

Struck by a Pa. R.R. engine

Accident or Suicide?

Accidentally

Joseph E. W. Schuman J.P.
Acting Coroner
Lan dower Md.



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Katherine C. Clayett</i>		Town <i>Upper Marlboro</i>		County <i>P. Yes</i>		CERTIFICATE OF DEATH	
	Died at <i>Upper Marlboro</i>						MARYLAND	
	Date of death <i>1906</i>	Month <i>7</i>	Day <i>26</i>	Age <i>49</i>	Years	Months	Days	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
	Occupation _____			Where Residing if not at place of death _____				
	Married, Single or Widowed _____			Name of Wife or Husband <i>William B. Clayett</i>				
	Father's Name <i>Richard Duckett</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Elizabeth M. Waring</i>			Mother's Birthplace <i>md</i>					
Name of person giving information <i>Rosalie Sasser</i>			How related to deceased <i>Cousin</i>					

PHYSICIAN OR CORONER	CAUSES OF DEATH			
	Primary <i>Paralysis</i>	<i>Go</i>	How long <i>3 yrs</i>	
	Immediate <i>Coma</i>		How long <i>2 dys</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Rosalie Sasser</i>	
			Address <i>Upper Marlboro md</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

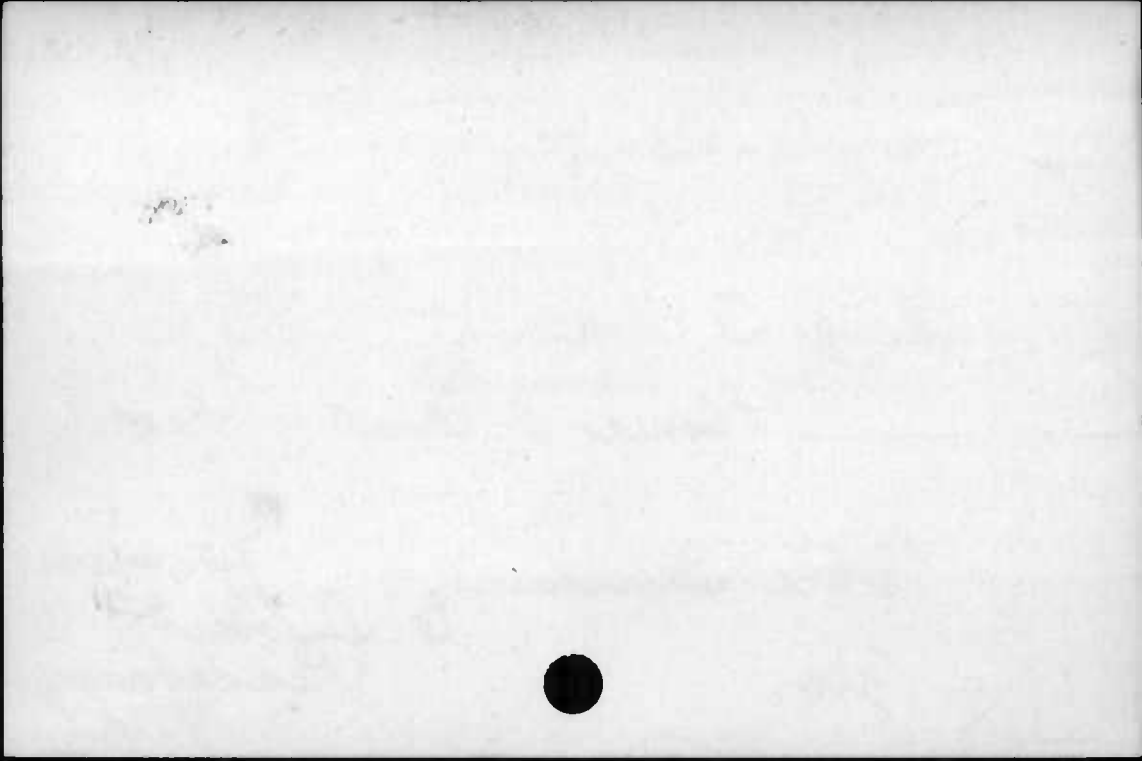
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Wm Henry Clarke		Town Marlboro		County Pg.		MARYLAND	
Died at Marlboro		Month July		Day 30		Years 11	
Date of death 1906		Age —		Months —		Days —	
Sex Male		Color or Race Black		Birth-place Marlboro.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Robert Clarke				Father's Birthplace Pg. Md			
Mother's Maiden Name Brown				Mother's Birthplace Pg. Md			
Name of person giving information Robert Clark				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fever	How long Don't know
Immediate Convulsions	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician L. Griffith
	Address Marlboro
Accident or Suicide? Saw it only a few moments before it happened	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

John William Clements
 Died at *near Accokeek* Town *Prince Geo.* County
 Date of death *1906* Month *July* Day *19* Age *—* Years *—* Months *9* Days *—*
 Sex *Male* Color or Race *White* Birth-place *near Accokeek*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

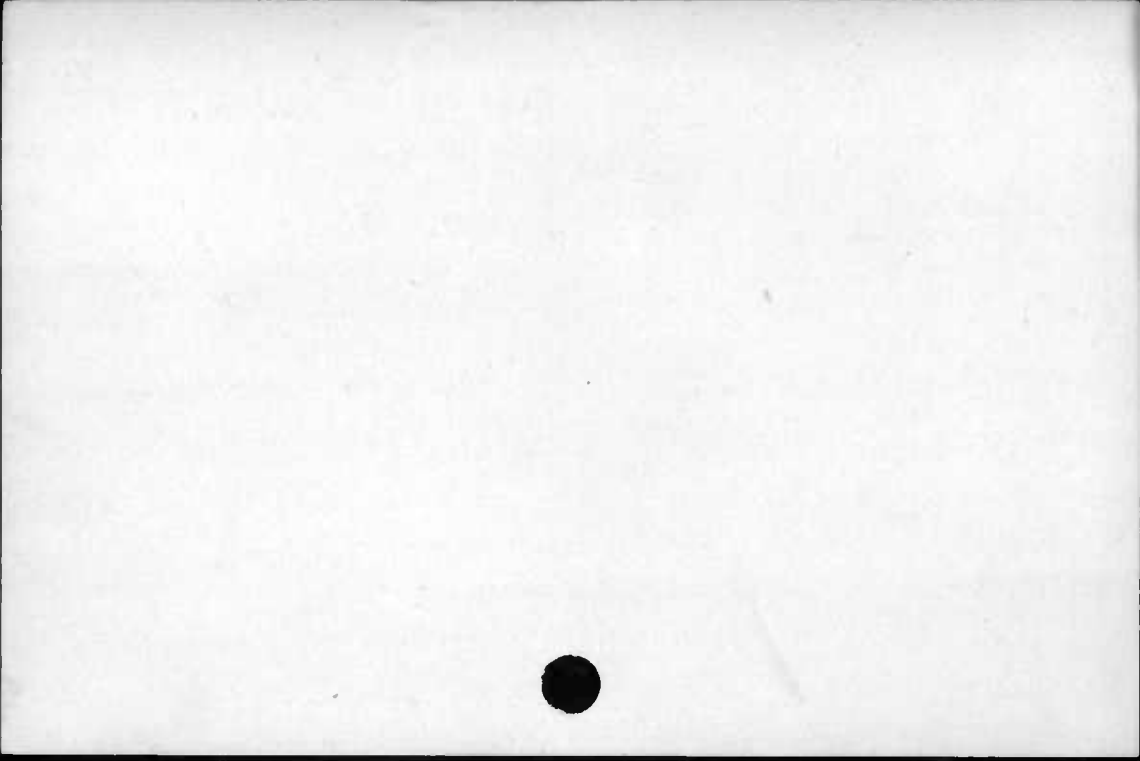
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

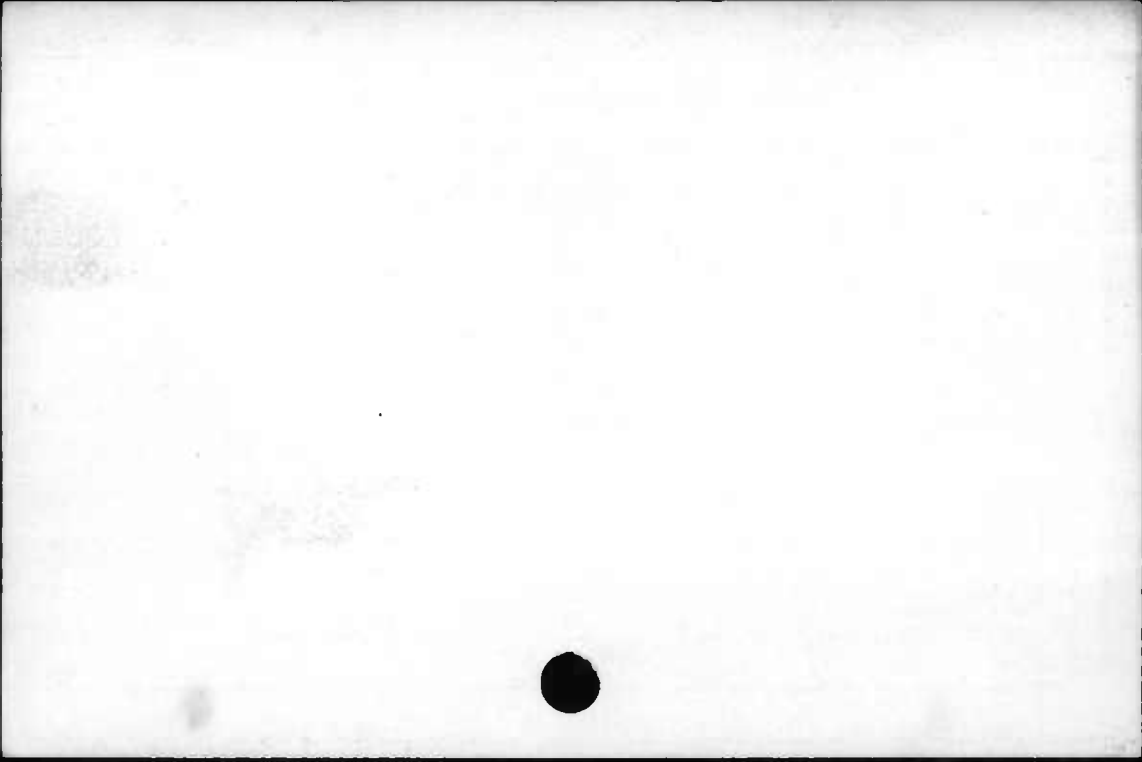
Accident or Suicide?

Cholera Infantum
yes.

105
E. D. Hurst
Piscataway,
MD.



Name in Full		Genevieve Cross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westwood</i>		Town <i>Pr. Geo. Co</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>July</i>	Day <i>30</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pr. Geo Co</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Walter C. Cross</i>				Father's Birthplace <i>Pr. Geo. Co</i>		
	Mother's Maiden Name <i>Carrie E. Carter</i>				Mother's Birthplace <i>Chas. Co</i>		
Name of person giving information <i>Wm E. Cross</i>				How related to deceased <i>Uncle</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Acute Enteric Colitis</i>				How long <i>11 days</i>		
	Immediate <i>Cerebral Congestion</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>E. H. Human</i>		
					Address <i>Lower Marlboro Calvert Co, Md.</i>		
	Accident or Suicide?						



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Peter Warage*

Died at *Prinestville* ^{Town} *Prince George* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *July* ^{Day} *28th* ^{Years} *—* **Age** *8* ^{Months} *—* ^{Days} *25*

Sex *male* **Color or Race** *Colored* **Birth-place** *Hash. V. Co.*

Occupation *—* **Where Residing if not at place of death** *—*

Married, Single or Widowed *Single* **Name of Wife or Husband** *—*

Father's Name *—* **Father's Birthplace** *—*

Mother's Maiden Name *Lena Warage* **Mother's Birthplace** *md.*

Name of person giving information *Lam Warage* **How related to deceased** *grandfather*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* **How long** *since birth*

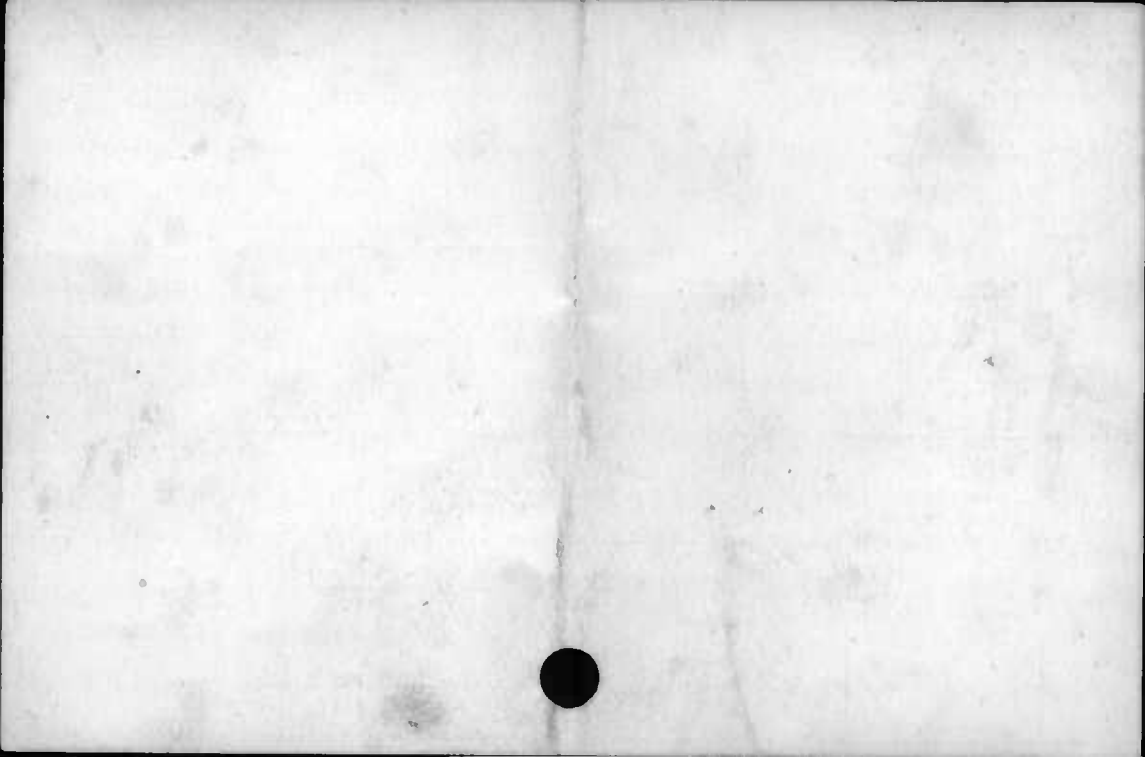
Immediate *Exhaustion* **How long** *1 mo.*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *John K. Ransburg*

Address *Louisville Md*

Accident or Suicide? *—*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lemuel C. Dixon

Town **Westwood** County **Prince George**

Died at **Westwood**

Date of death 190 **6** Month **7** Day **4** Age **38** Years Months **4** Days

Sex **Male** Color or Race **White** Birth-place **Maryland**

Married, ~~Single~~ or ~~Widowed~~ Occupation **Carpenter**

Name of Wife or Husband **L. C. Dixon**

Father's Name **John Dixon** Father's Birthplace **Maryland**

Mother's Maiden Name **Rose Montgomery** Mother's Birthplace **Maryland**

Name of person giving information **L. C. Dixon** How related to deceased **wife**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Alcoholic Poisoning** (50) How long **one week**

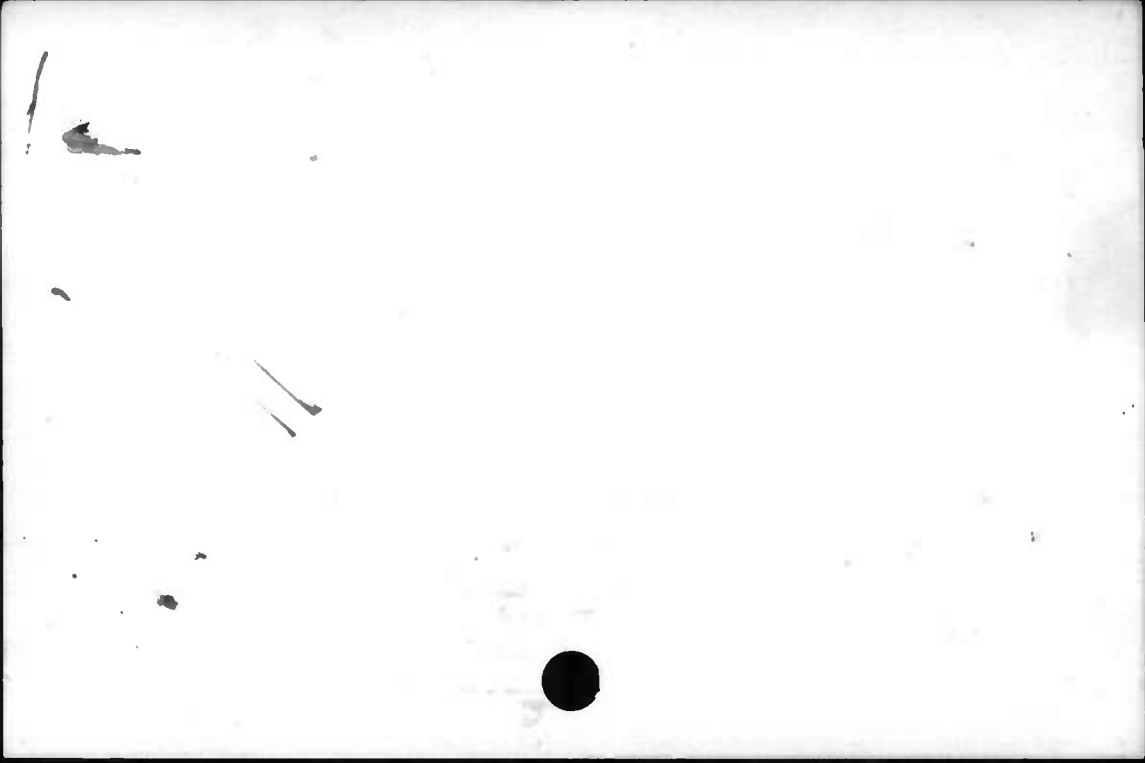
Immediate **Heart failure** How long

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **H. M. M. Brown**

Address **Ugassaco Md**

Accident or Suicide?



Name
in
Full

Nelson B. Gantt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		7	22			2	12
Sex	Male		Color or Race	Colored		Birth-place	Mo.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Nelson Gantt				Father's Birthplace	Mo.
Mother's Maiden Name		Eliza Newby				Mother's Birthplace	"
Name of person giving information		Nelson Gantt				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	10
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. P. Simpson M.D.	
Address		Ricecroft Mo.	
Accident or Suicide?			



Name in Full

Certificate of Death

Joseph Franklin Gray

Town

County

Died at

Orme

Prichard Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

7

26

Age

17

ms

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Pinkney Gray

Mother's
Name

Susan R Gray

Cause of

Primary

Whooping Cough

How long sick

3 weeks

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Mr. R. L. Latham

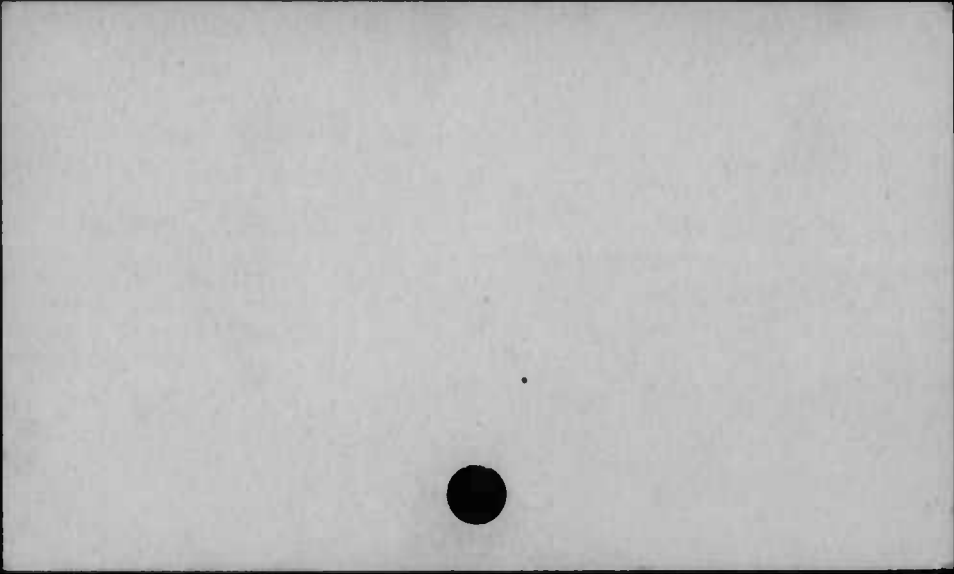
Mr. D. L.

Address

Orme P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Elmer Grimes*
Died at *Silver Hill* ^{Town} *Pr. Geo.* ^{County}

MARYLAND

Date of death *1906* ^{Month} *7* ^{Day} *13* ^{Years} *3* ^{Months} *3* ^{Days}Sex *male* Color or Race *White* Birth-place *Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *John Grimes*Father's Birthplace *Md.*Mother's Maiden Name *Julia Allen*Mother's Birthplace *"*Name of person giving information *John Grimes*How related to deceased *Father*

CAUSES OF DEATH

Primary

Bronchial Pneumonia ^{How long} *2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. P. Simpson M.D.
Rosecroft. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Elizabeth S. Hare

Town

County

* MARYLAND

Died at

Hyattsville D.C.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

06

July

14

Age

45

Maryland Housewife

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Frederick Hare

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Not known come

How long sick

106 one month

Death

Immediate

Scarlet fever + prostration

Accident, Suicide, Homicide

Reported by

W. D. Evans, M.D.

Address

Cottage Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Glendale* Town *D.C.* County
Date of death *1906* Month *July* Day *11* Age *—* Years Months *1* Days *—*
Sex *Female* Color or Race *White* Birthplace *P. G. Co. Md.*
Occupation *—* Where Residing if not at place of death *—*

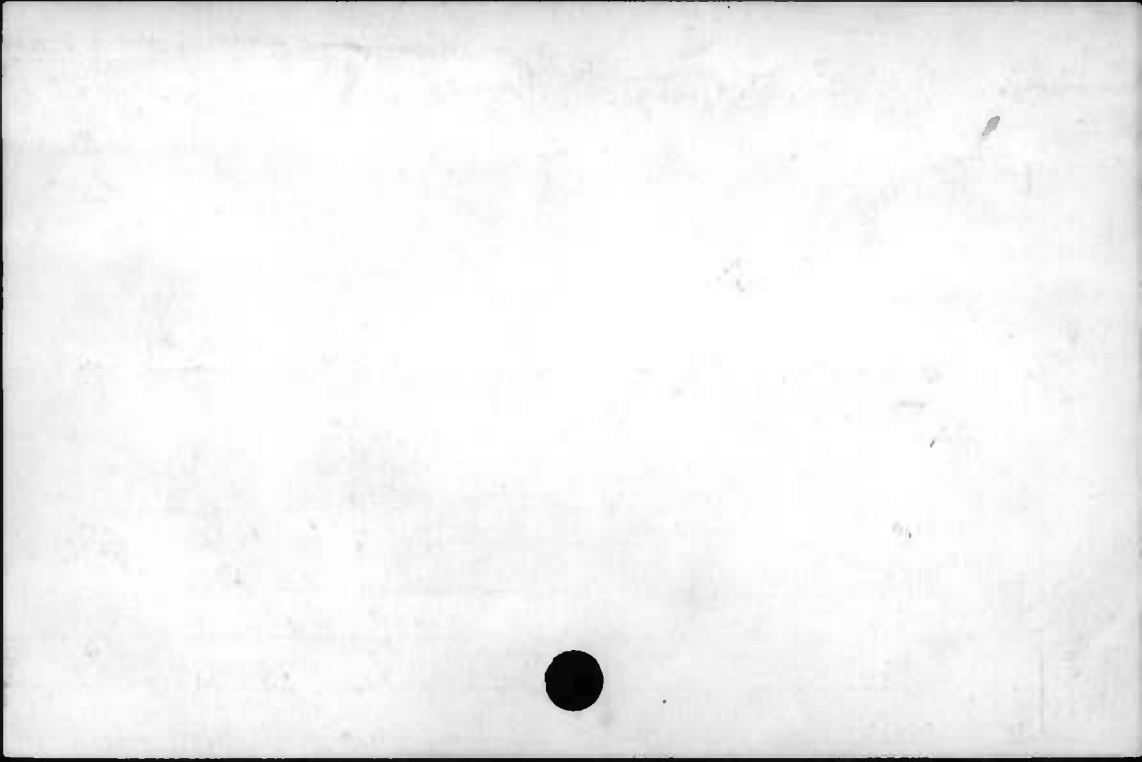
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Clifton Harry* Father's Birthplace *P. G. Co. Md.*
Mother's Maiden Name *Mary A. Buel* Mother's Birthplace *P. G. Co. Md.*
Name of person giving information *Harry O. Harry* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Centura* How long *105* *Chronic*
Immediate *Asphyxia* How long *—*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *McDowell M. K.*
Address *Springfield Md.*
Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Charles W. Irwin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laurel		County Garretts		MARYLAND
	Date of death		1906	Month July	Day 25th	Age Years	Months 10
	Sex		Male		Color or Race White		Birth-place Laurel Md
	Occupation		hair		Where Residing if not at place of death Laurel		
	Married, Single or Widowed		In York		Name of Wife or Husband Nan		
	Father's Name		Francis Irwin		Father's Birthplace New York		
	Mother's Maiden Name		Annie E. Harrell		Mother's Birthplace Laurel		
Name of person giving information		Francis Irwin		How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chloro Infantile		How long one day		
	Immediate		Collapse		How long 2 Hours.		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. Cronmiller		
					Address Laurel - Md		
Accident or Suicide?							



Name
in
Full

Mvelly G. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at

Maclboro ^{Town} ~~Blades~~ ^{County}

Date

of death 1906

Month

7

Day

16

Age

Years

25

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Maclboro

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas Johnson

Father's
Birthplace

md

Mother's
Maiden Name

Matilda Watson

Mother's
Birthplace

md

Name of person giving
Information

Rosa Johnson

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Epileptic
yes

(69)

How long

How long

25 yrs

Immediate

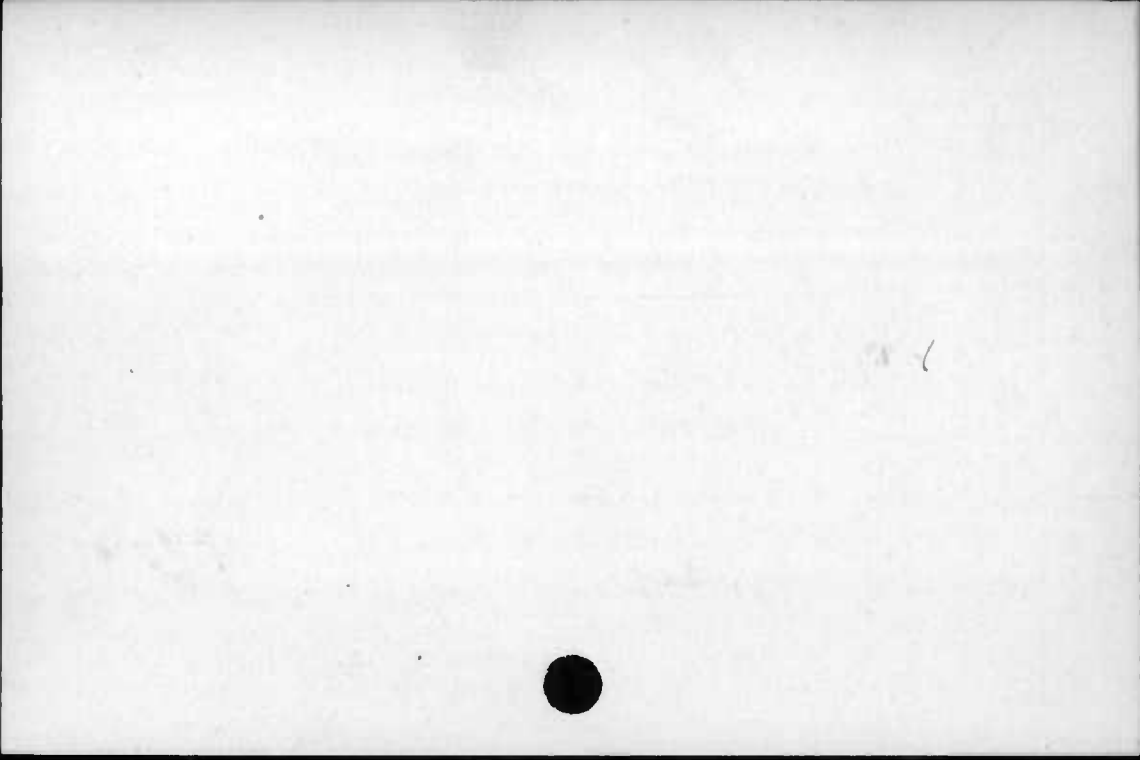
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Reverdy S. Sasser
Up. Maclboro
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Vincent C Johnson

CERTIFICATE OF DEATH

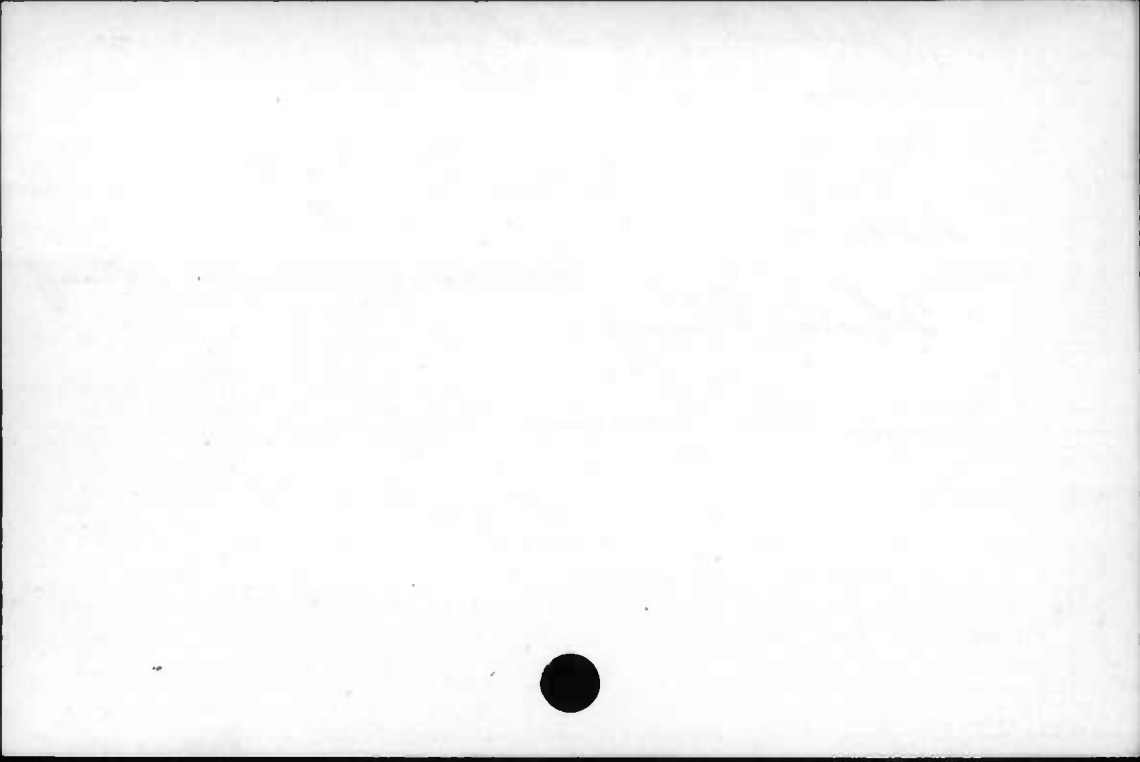
Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>15</i>	Age <i>15</i>	Years <i>6</i>	Months <i>3</i>	Days
Sex <i>male</i>		Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Edward Johnson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ella Johnson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Edward Johnson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Cholera Infantum</i>	<i>105</i>	How long <i>3 weeks</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Nelson A Ryan M.D.</i>
			Address <i>Bowie Md</i>
Accident or Suicide?		<i>No</i>	



Name in Full		Certificate of Death			
Worce, Ed. Kerrick		Maryland			
Died at <u>Centerville</u> <u>P.B.</u> County		Date of death <u>1906</u> <u>July</u> <u>19</u> <u>19</u> <u>3</u> <u>Months</u> <u>Days</u>			
Sex <u>Male</u> Color or Race <u>Black</u> Birthplace <u>Ind</u>		Occupation <u>None</u> Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>_____</u>		Father's Name <u>Fred. Kerrick</u> Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>May Lee</u> Mother's Birthplace <u>Ind</u>		Name of person giving information <u>Fred. Kerrick</u> How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Thrush</u> <u>(100)</u> How long <u>3</u> <u>Ind</u>		Immediate <u>Exhaustion</u> <u>(100)</u> How long <u>2</u> <u>Ind</u>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. L. L. L. L.</u>			
Address <u>_____</u>		Address <u>_____</u>			
Accident or Suicide?		Ind <u>_____</u>			



Name
in
Full

Richard Moss King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

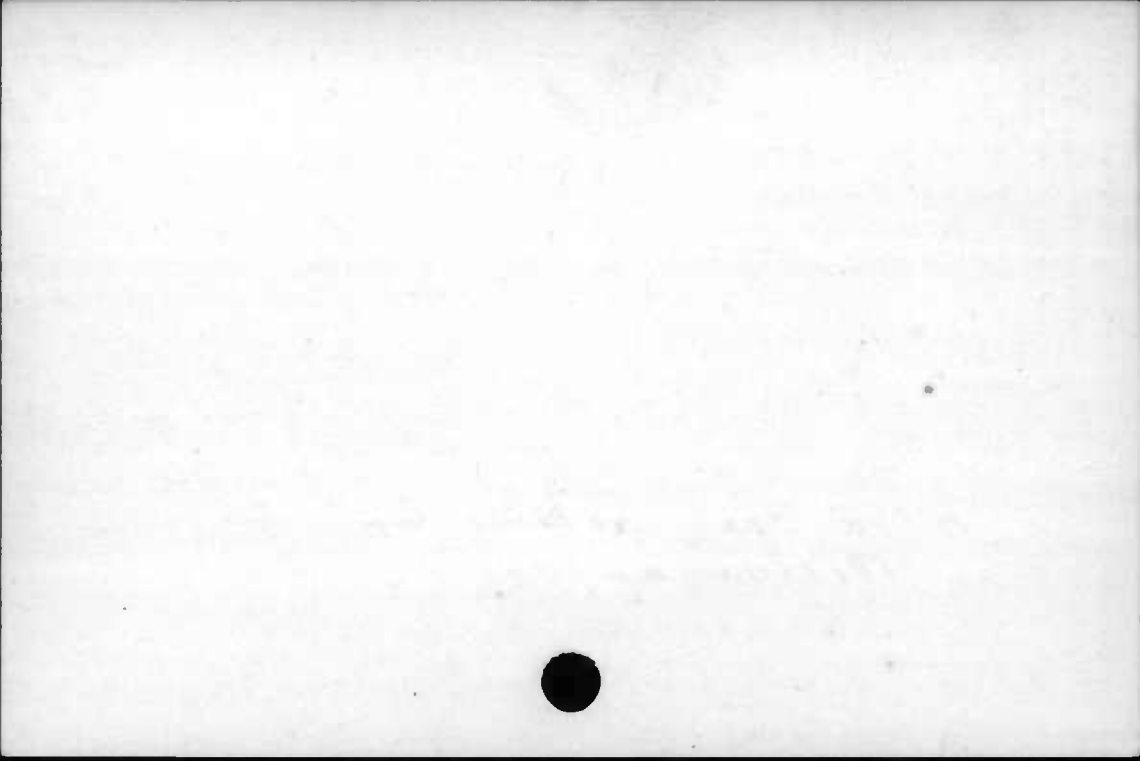
MARYLAND

Died at		Town Laurel		County Baltimore			
Date of death		1906	Month July	Day 24	Years 67	Months	Days
Sex		Male		Color or Race White		Birth-place North Carolina	
Occupation Laborer				Where Residing if not at place of death Laurel			
Married, Single or Widowed Widowed		Name of Wife or Husband Missouri Caroline King					
Father's Name		Thos. King				Father's Birthplace	
Mother's Maiden Name		-				Mother's Birthplace -	
Name of person giving information		Mrs. Caroline King				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intra-Cranial hemorrhage	How long	6 months
Immediate	Anemia	How long	2 years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Taylor	
Address		Laurel Md	
Accident or Suicide?			



Name
In
Full

Caroline Klippel

CERTIFICATE OF DEATH

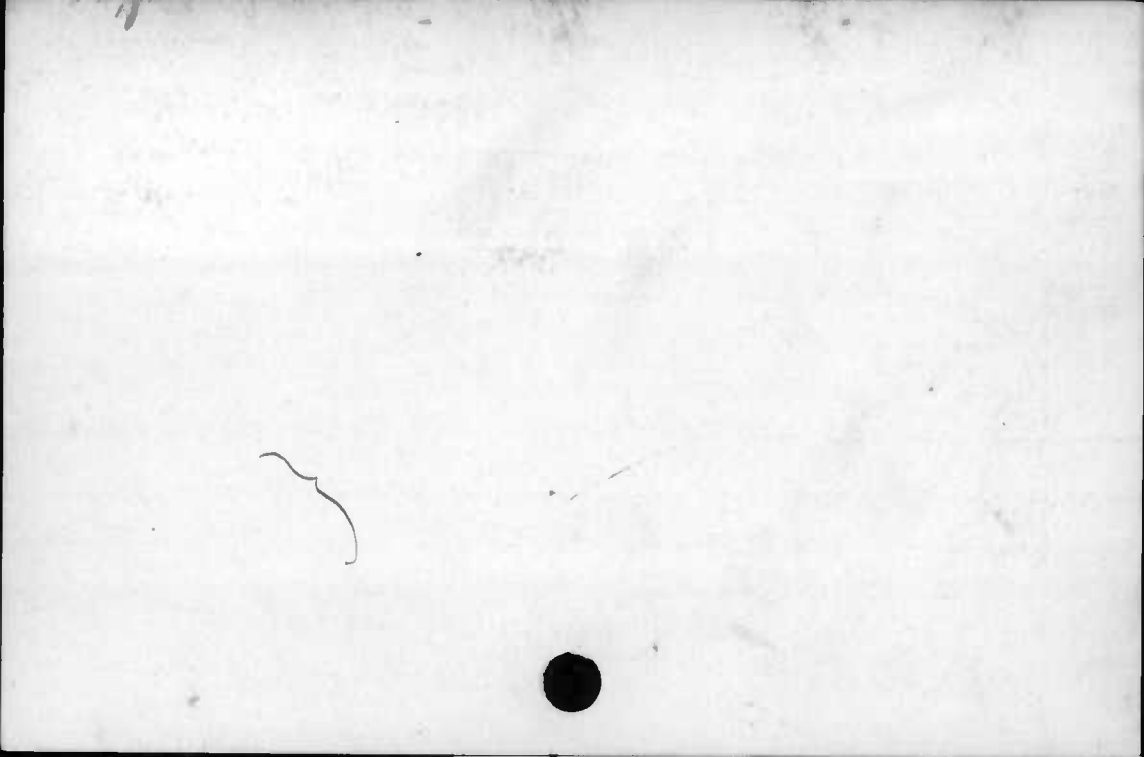
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Princeton		County		George		MARYLAND			
Date		Month		Day		Years		Months		Days	
of death		1906		July		26		Age		54-	
Sex		Female		Color or Race		White		Birth-place		Germany	
Occupation		Housewife		Where Residing If not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband		Gottlieb Klippel					
Father's Name		Speilman		Father's Birthplace		Germany					
Mother's Maiden Name		—		Mother's Birthplace		"					
Name of person giving information		Otto Borchering		How related to deceased		Son-in-law					

CAUSES OF DEATH

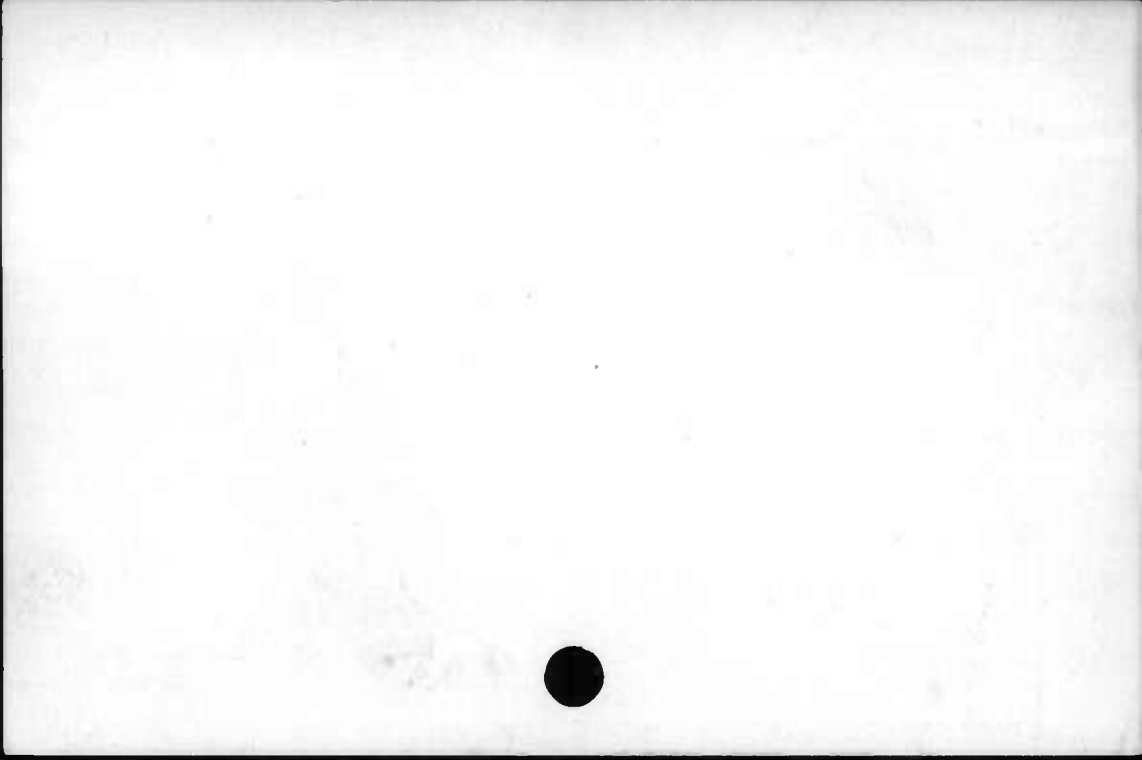
PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Diphtheria	How long	6 da.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John E. Parsbury M.D.	
Address		-Lordsville W.D.	
Accident or Suicide?			



Name in Full		Certificate of Death			
William Lane		MARYLAND			
Died at near Hyattsville		Town Prince Georges		County	
Date of death 1906		Month July	Day 13	Age about 75	Years
Sex Woman		Color or Race Colored		Birth-place Prince Georges Co	
Occupation Cook		Where Residing if not at place of death near Hyattsville Md			
Married, Single or Widowed Widowed		Name of Wife or Husband James Lane			
Father's Name		Banks		Father's Birthplace Don't know	
Mother's Maiden Name		Don't know		Mother's Birthplace Don't know	
Name of person giving information Elias Tables				How related to deceased Grand son in law	

CAUSES OF DEATH	
Primary	Chronic Pleurisy
Immediate	How long 2 yrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. J. J. J.
Address Hyattsville	Address Prince Georges Co
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

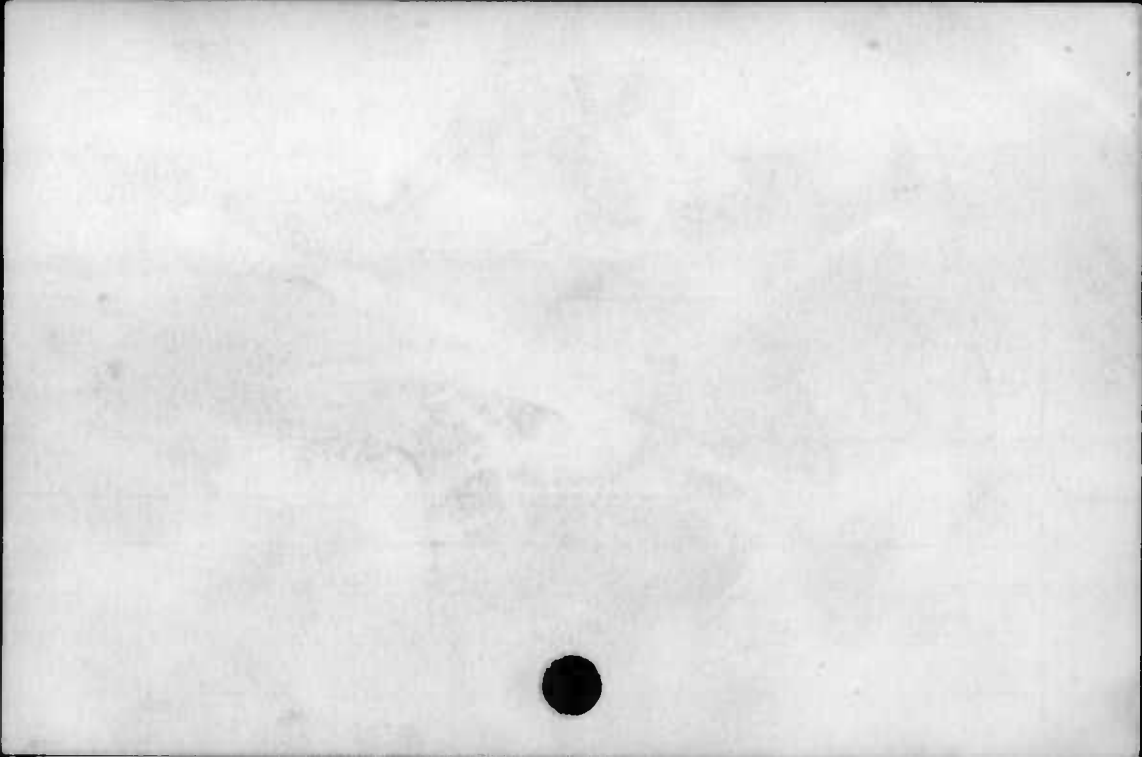
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1906</i> Month	<i>July</i> Day	<i>6</i> Years	<i>83</i> Months	<i>—</i> Days
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<i>Thomas Lee</i>		
Father's Name	<i>D. Bowers</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Mary Fletcher</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>Anna Beckett</i>		How related to deceased	<i>M.d.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sanility</i>	How long	<i>154</i>
Immediate	<i>constipation</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>V. L. R. M.</i>
		Address	<i>Hyattsville Md.</i>
Accident or Suicide?			



Name
in
Full

August Leopoldt

CERTIFICATE OF DEATH

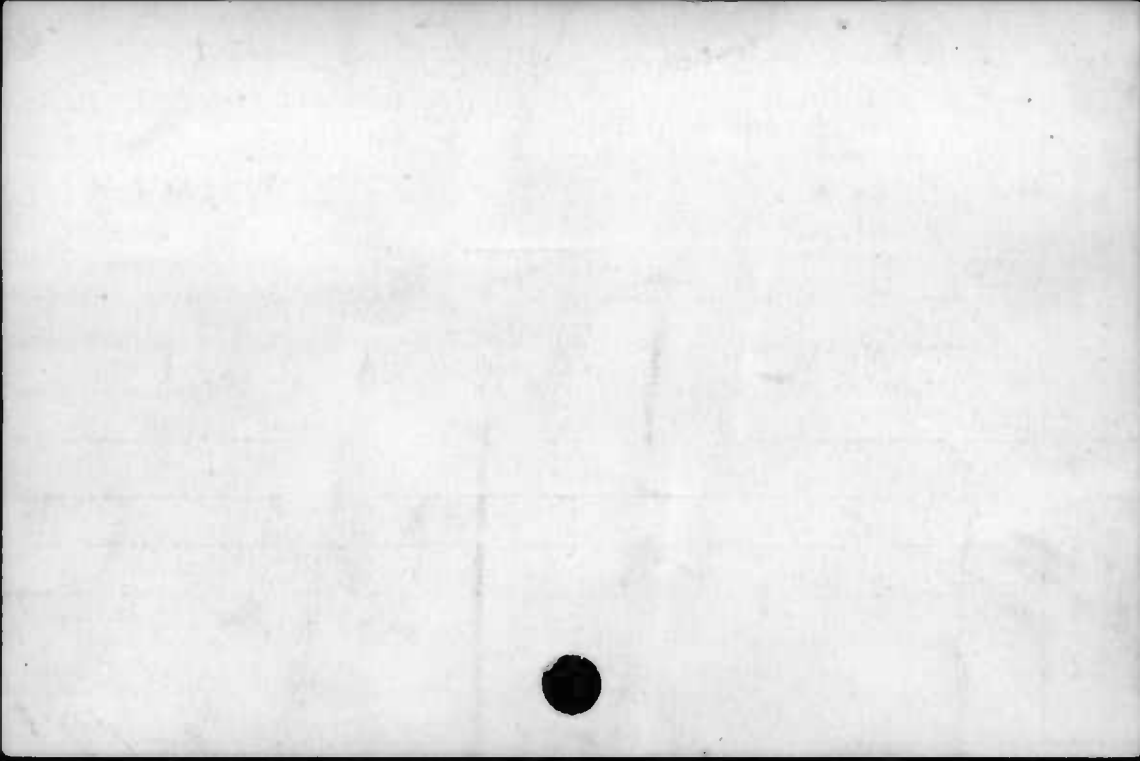
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>1st</i> <small>Day</small>	<i>28</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name				Father's Birthplace	<i>Germany</i>
Mother's Maiden Name				Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Christian Leopoldt</i>			How related to deceased	<i>"</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>166</i>	How long
Immediate	<i>Killed by steam cars</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician
		<i>Arthur, Currier Coroner</i>
		Address
		<i>Hyattsville Md - U.S.</i>
Accident or Suicide?		



Araron Long

Town

County

Died at

Branchville Penn. Georges

MARYLAND

Date 19 *06*

Month

Day

Y.

M.

D.

Native of

Occupation

July 19

Age

73

Penn

old Soldier

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

One

Husband of

Wife

Father's

Name

David Long

Maiden Name

Mother's

Elij Shannhook

Cause of

Primary

running Uncle + Exposure

How long sick

over 2 years

Death

Immediate

Diarrhea + old age

Accident, Suicide, Homicide

Reported by

W.O. Evergreen M.D.

Address

College Park Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

Margaret Ruelas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Brentwood ^{County} Pr Ideo

Date of death 1906 July 16 Age 72 Months 8 Days —

Sex Female Color or Race white Birth-place Germany

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Wm Ruelas

Father's Name Unknown Father's Birthplace —

Mother's Maiden Name Unknown Mother's Birthplace —

Name of person giving information Augustus Plummer How related to deceased none

CAUSES OF DEATH

Primary Cardiac failure (179) How long Few hrs

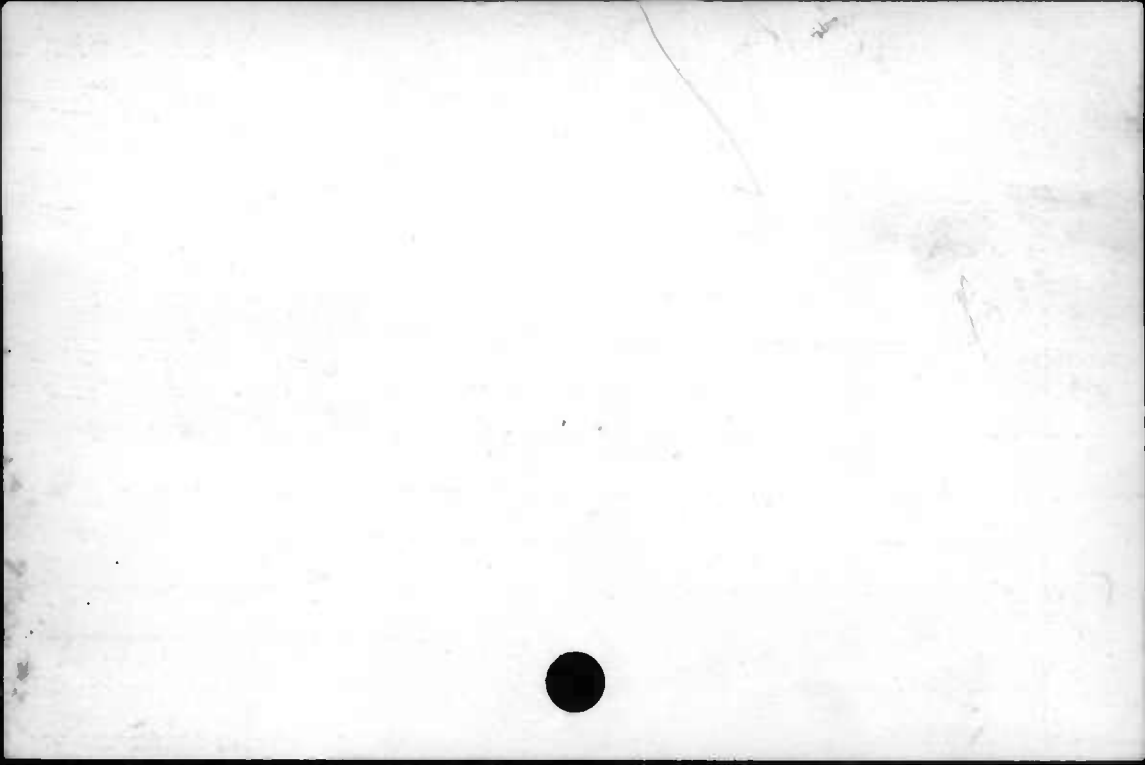
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Hugh H. Hatter

Address Hyattsville Md

Accident or Suicide? Neither



Name
in
Full

Richard Thomas Lyons
Town Pr. Co.

CERTIFICATE OF DEATH

MARYLAND

Died at Rosecroft
Date of death 1906 7 11
Sex male Color or Race Black
Age 6 8
Occupation Birthplace Md.
Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband
Father's Name Thomas Lyons Father's Birthplace Md.
Mother's Maiden Name Sophia Hall Mother's Birthplace
Name of person giving information " Lyons How related to deceased mother

CAUSES OF DEATH

92

Primary Pneumonia "bacterial" How long 2 weeks
Immediate Edema of lungs How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. P. Simpson M.D.
Address Rosecroft Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth McPherson

Town

County

Died at

Agnasco.

Pr. Ind.

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1906 July

31

7

Years

Months

Days

Sex

Female

Color or
Race

White

Birth
place

Baltimore Md.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

B. McPherson

Father's
Birthplace

Md

Mother's
Maiden Name

Helen Tudor Haskell

Mother's
Birthplace

Conn.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

93

Primary

Double Pneumonia

How long

Immediate

Heart Disease

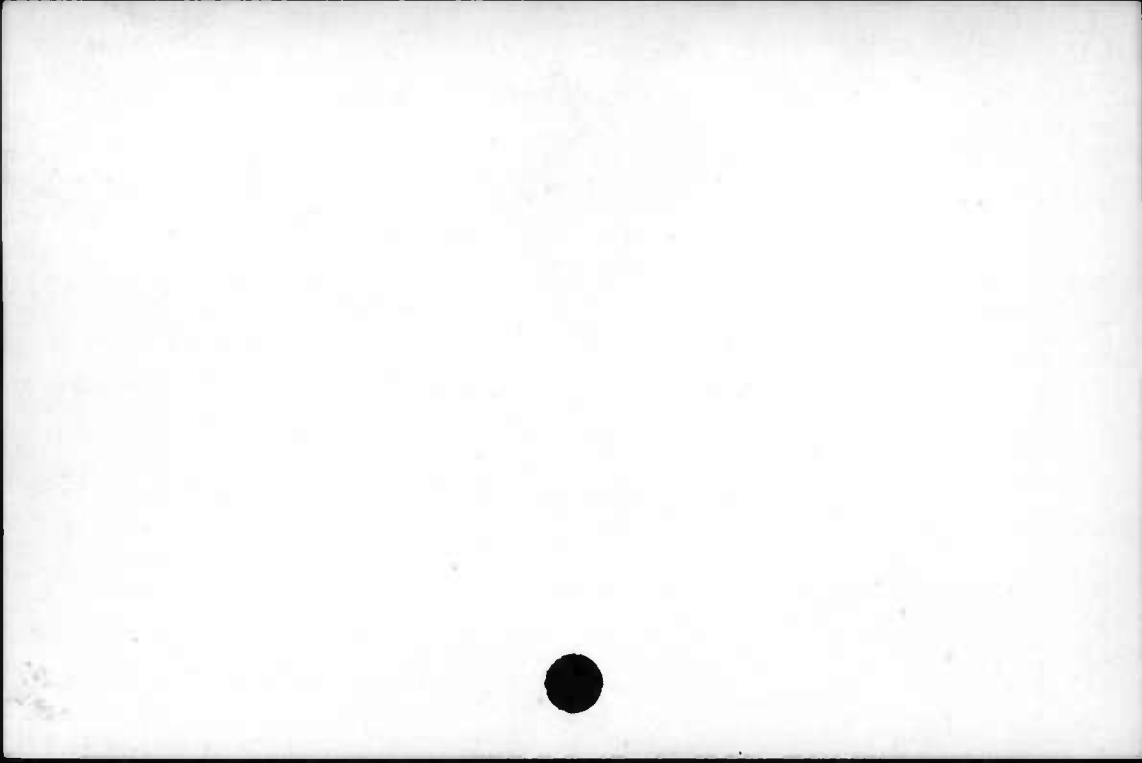
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. Morton Bowen
Agnasco. Md. Md.

Accident or Suicide?



Name
in
Full

Rebecca Forwood Mackenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Laurel County Pr George MARYLAND

Date of death 1906 July Month 11 Day 5 Years 15 Months 14 Days

Sex Female Color or Race White Birth-place Baltimore

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameGeorge Norbury MackenzieFather's
BirthplaceBalto: MdMother's
Maiden NameMary Elizabeth ForwoodMother's
BirthplaceBel Air MdName of person giving
InformationGeo Norbury MackenzieHow related
to deceasedFather

CAUSES OF DEATH

Primary

Enteric Colitis

How long

10 days

Immediate

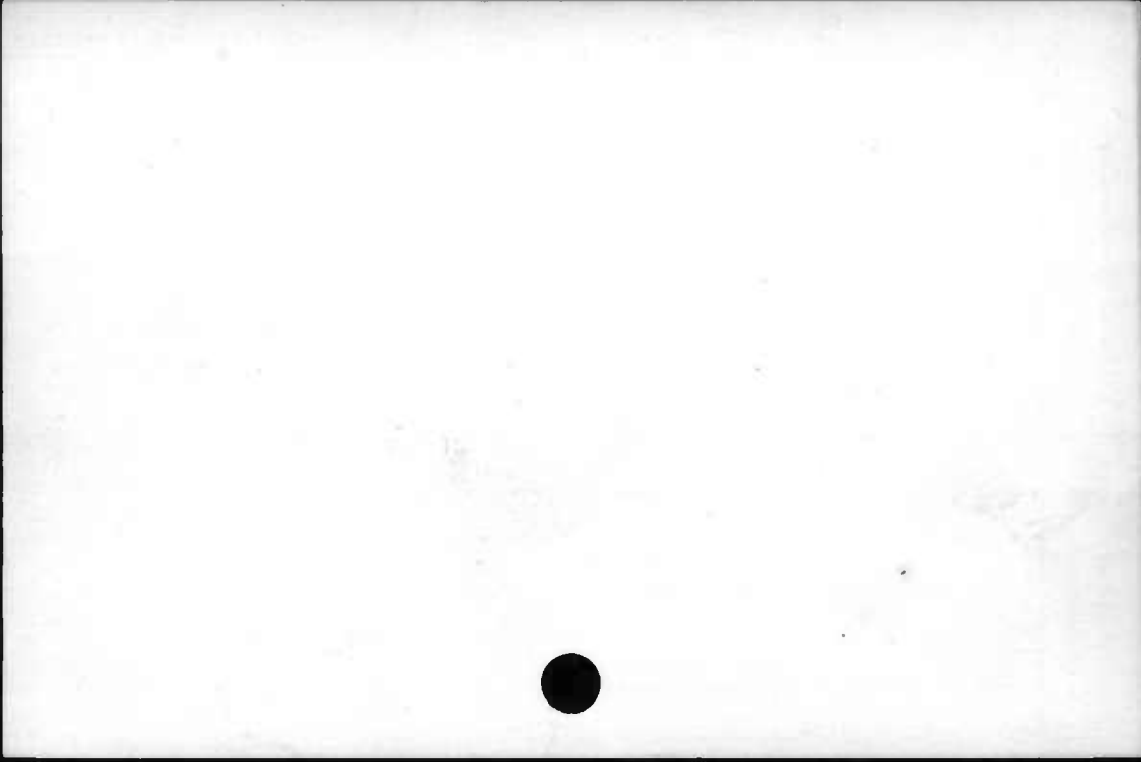
Exhaustion

How long

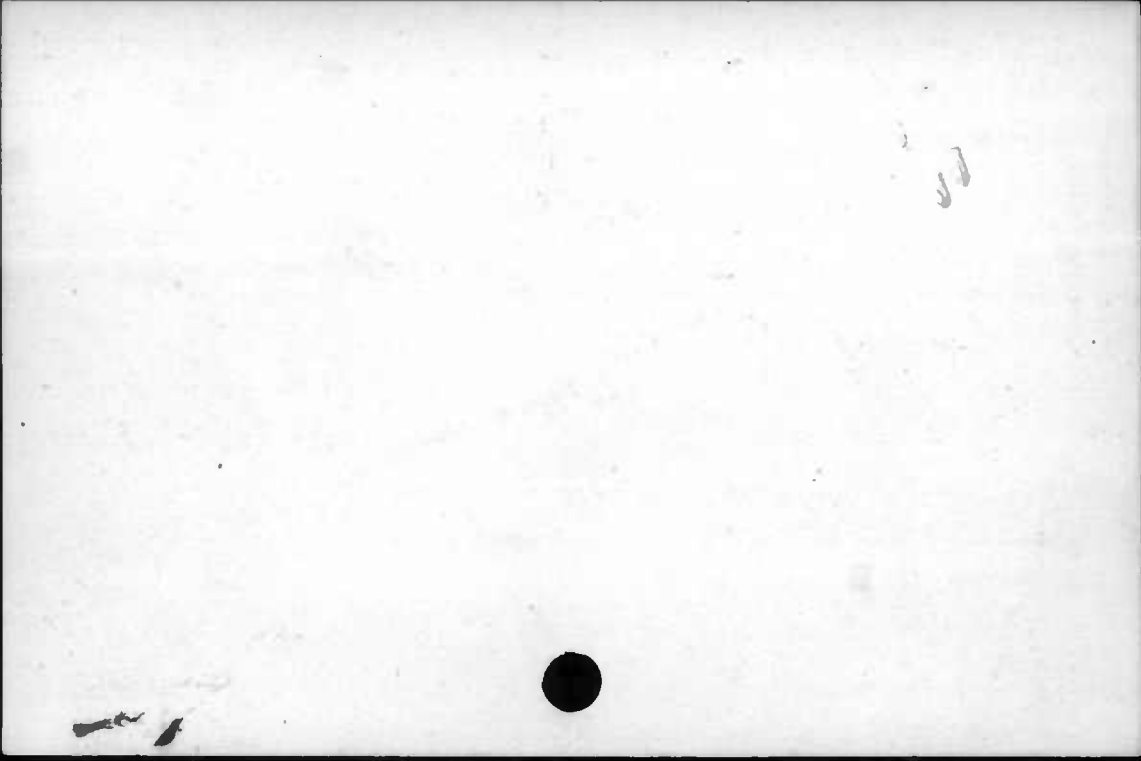
Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianJohn Cronmello

Address

Accident or Suicide?



Name in Full		Thomas Mackenzie the 4 th				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Laurel ?		Town Prince George		County	
		Date of death 1905		Month July		Day 17	
		Sex Male		Color or Race Caucasian		Birth-place Baltimore Md	
		Occupation Infant		Where Residing if not at place of death Baltimore Md		Months 5	
		Married, Single or Widowed —		Name of Wife or Husband —		Years —	
FATHER'S NAME		Father's Name Geo. Nabury Mackenzie		Father's Birthplace Baltimore Md		Mother's Birthplace Bal Air Md	
		Mother's Maiden Name Mary Elizabeth Forwood		How related to deceased Father			
		Name of person giving information Geo. Nabury Mackenzie					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Entero Colitis		How long Three Weeks	
		Immediate		Convulsions		How long —	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John Cronmiller	
						Address Laurel Md	
		Accident or Suicide?		—			



Name
in
Full

Bernard Miller

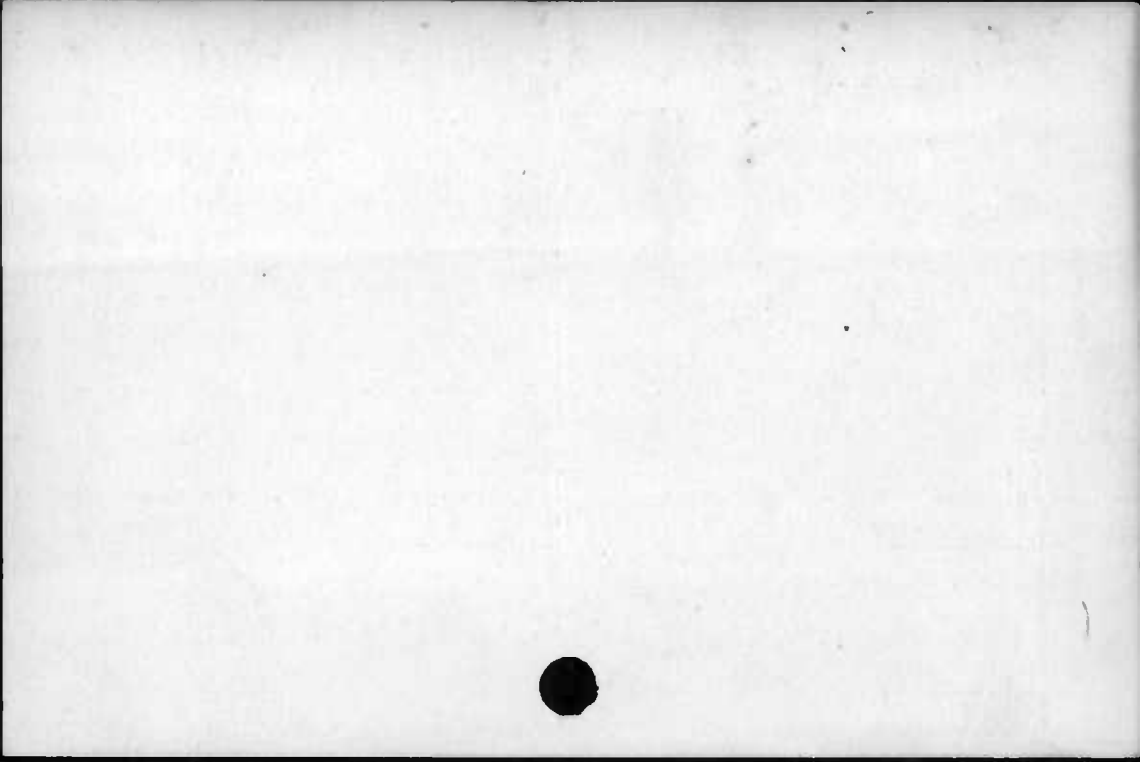
CERTIFICATE OF DEATH

Died at <i>Ammanale</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	1906	Month	<i>July</i>	Day	<i>9</i>
Age		<i>52</i>		Years	
Sex		<i>male</i>		Color or Race	<i>White</i>
Occupation		<i>Teacher</i>		Birth-place	<i>Germany</i>
Where Residing if not at place of death		<i>Ammanale</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Xavier Miller</i>		Father's Birthplace	<i>Germany</i>
Mother's Maiden Name		<i>Not Known</i>		Mother's Birthplace	
Name of person giving information		<i>Mr. Elias</i>		How related to deceased	<i>Not Known</i>

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>about 4 years</i>
Immediate	<i>"</i>	How long	<i>" 5 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. A. Fox</i>	
Address		<i>Baltimore</i>	
Accident or Suicide?		<i>No</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Miss Jane Moutzourey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Clinton TownCounty Prime George

MARYLAND

Date of death 1906 July MonthDay 25Age 68 YearsMonths —Days —Sex FemaleColor or Race WhiteBirth-place Chap, MdOccupation NoneWhere Residing if not at place of death ClintonMarried, Single or Widowed SingleName of Wife or Husband UnknownFather's Name UnknownFather's Birthplace Chap, MdMother's Maiden Name UnknownMother's Birthplace " "Name of person giving information Mr WelchHow related to deceased Son-in-law

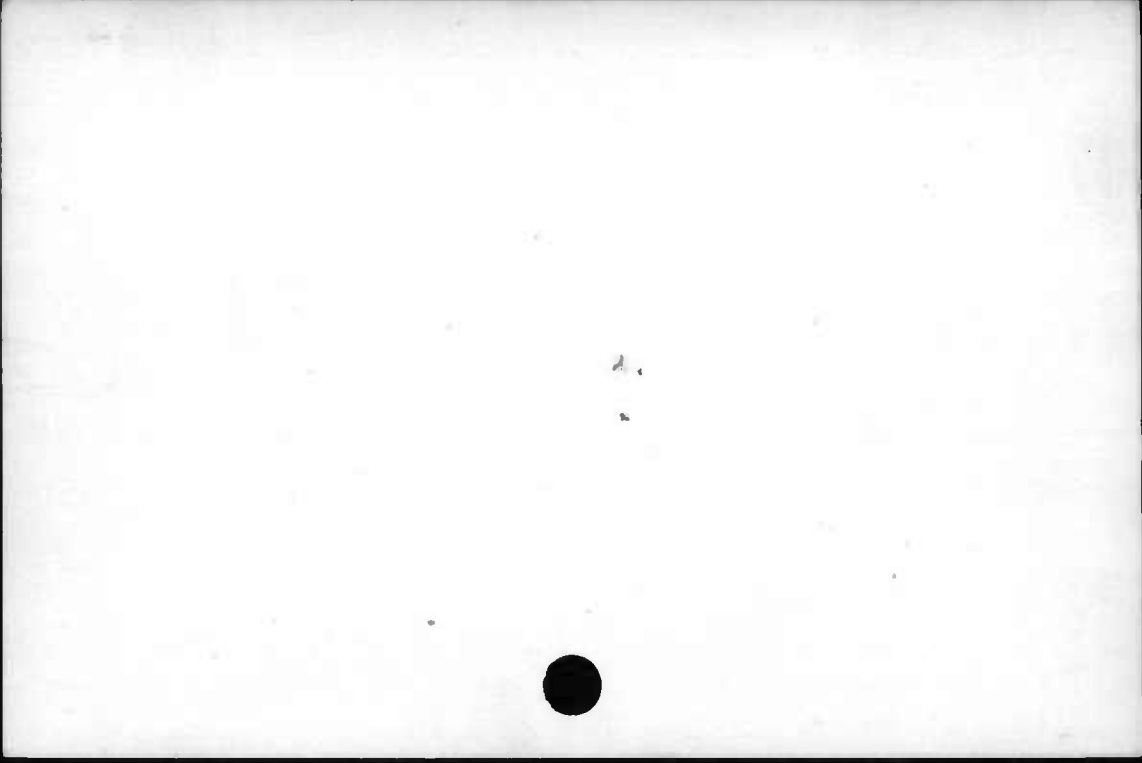
CAUSES OF DEATH

Primary ParalysisHow long 6 weeksImmediate ExhaustionHow long 3 days

Are the name, age, sex, color, date and place correctly given above?

YesSignature of Physician J. F. WaringAddress ClintonMd.

Accident or Suicide?



Name
in
Full

Hennie Nelson

CERTIFICATE OF DEATH

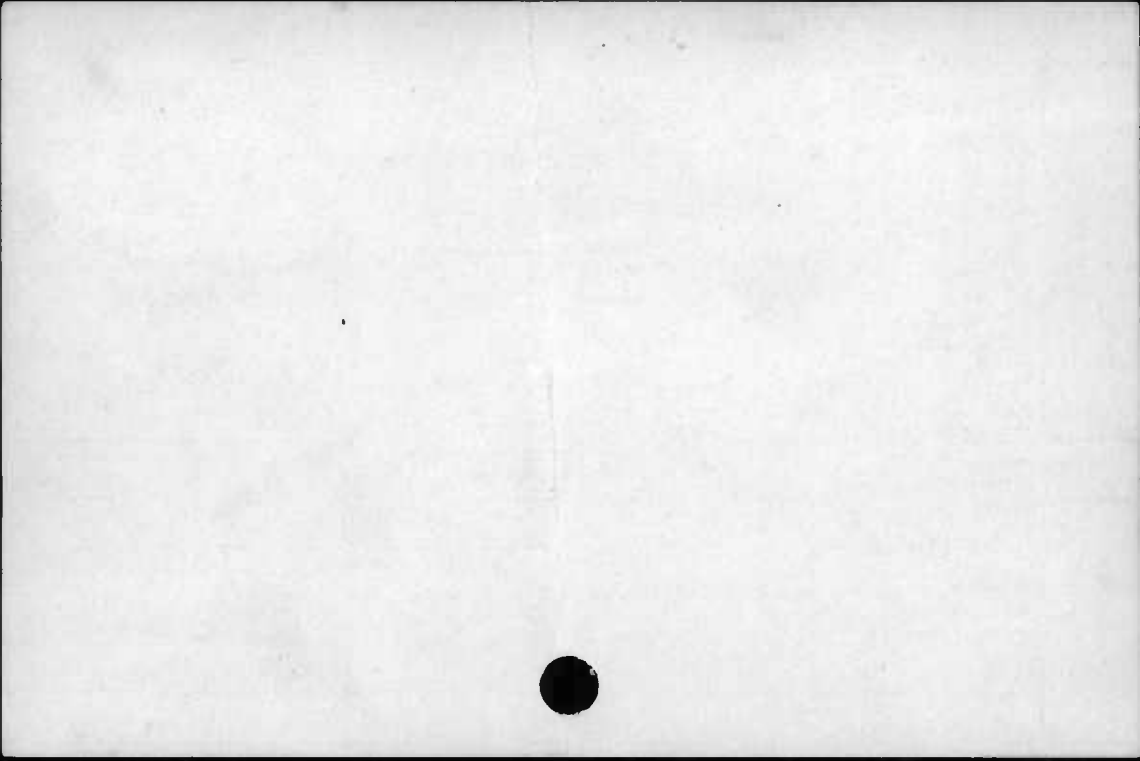
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>6</i>	Age <i>about 35</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ghana</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Hinnie Nelson</i>			
Father's Name <i>not known</i>			Father's Birthplace <i>Geo</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs L F Driver</i>			How related to deceased <i>Uncle</i>		

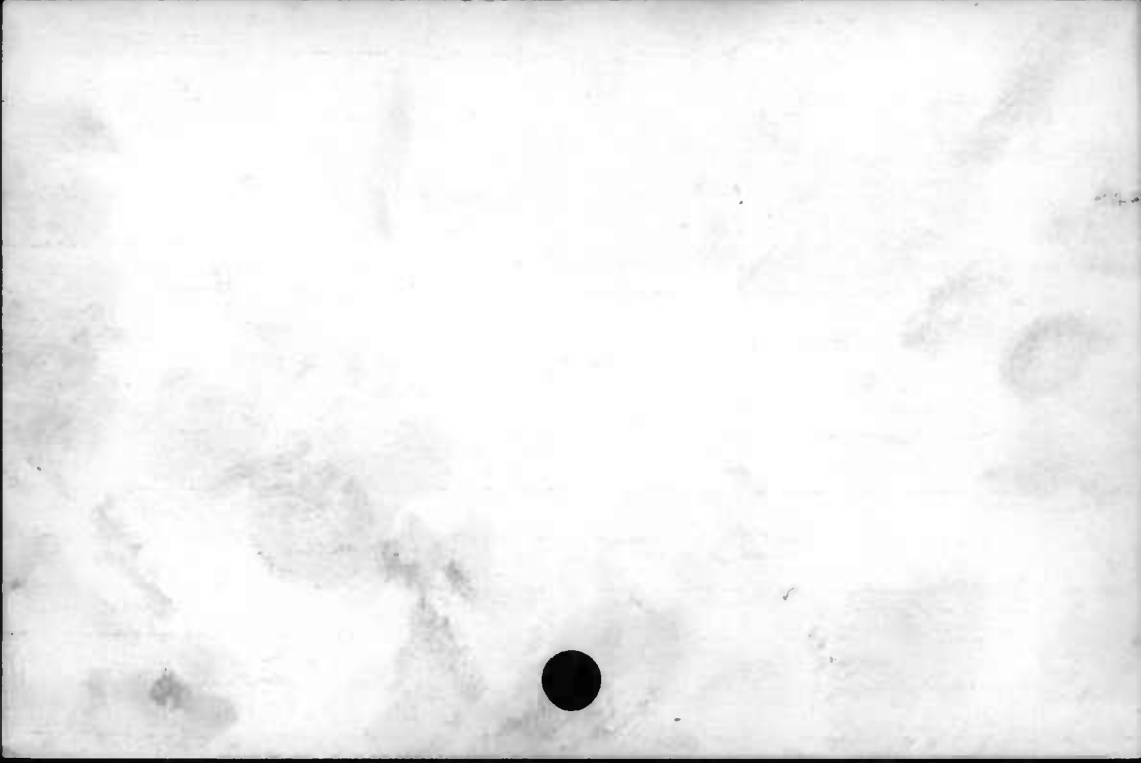
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebrius</i>	How long <i>about one hour</i>
Immediate <i>"</i>	How long <i>" " " "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. A. Fox</i>
<i>Yes</i>	Address <i>Bethesda Md</i>
Accident or Suicide?	



Name in Full Mary Eva Newman		CERTIFICATE OF DEATH	
Died at College Park		County Pr. Geo.	
Date of death 1906		Month July	
Day 24		Age —	
Sex Female		Color or Race white	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name John Newman		Father's Birthplace Wash. D.C.	
Mother's Maiden Name Lizzie Dickson		Mother's Birthplace Maryland	
Name of person giving information John Newman		How related to deceased father	
CAUSES OF DEATH			
Primary Cholera Infantum		How long 14 days	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. E. Turner	
Accident or Suicide? —		Address Berwyn Md.	



Name
in
Full

CERTIFICATE OF DEATH

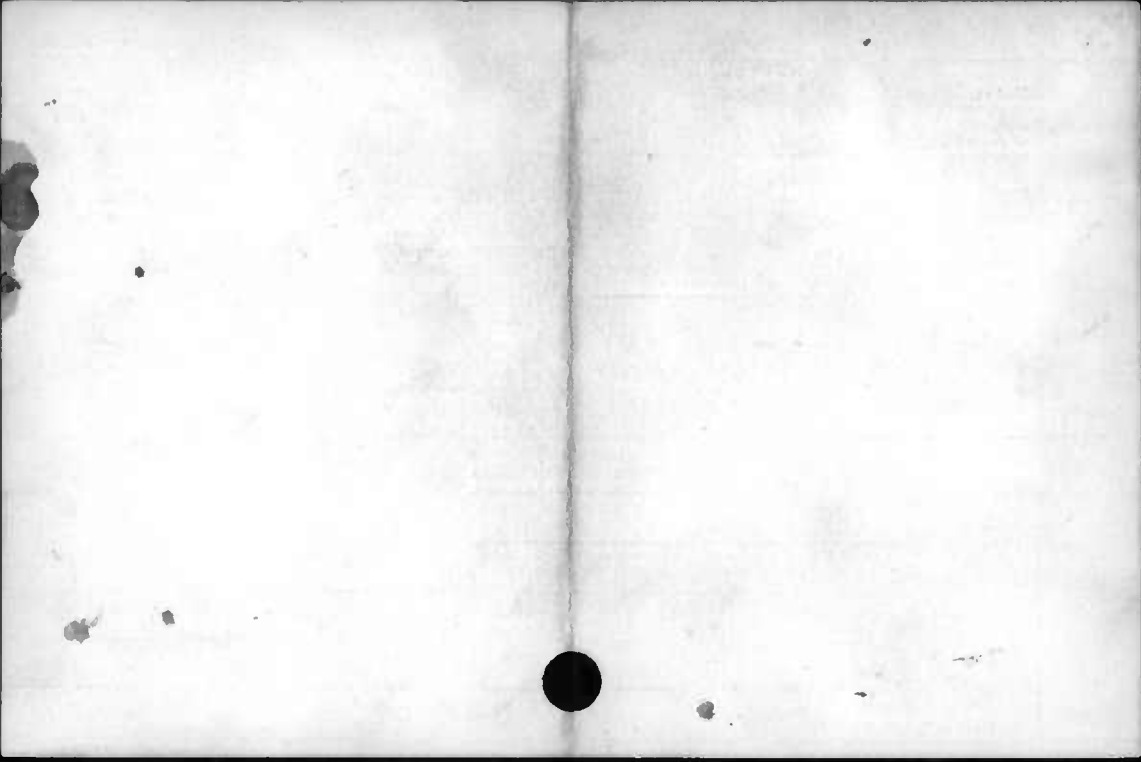
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenland</i>		Town <i>Greenland</i>		County <i>P. H.</i>		MAYLAND	
Date of death <i>1906</i>		Month <i>July</i>	Day <i>26</i>	Age <i>67</i>	Years <i>67</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>—</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Earl Phelps</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>50</i>	How long <i>several years</i>
Immediate <i>Cardiac Arrest</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. H. Carroll M.D.</i>
		Address <i>Springfield Ind.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Leonard Jamesworth Queen

CERTIFICATE OF DEATH

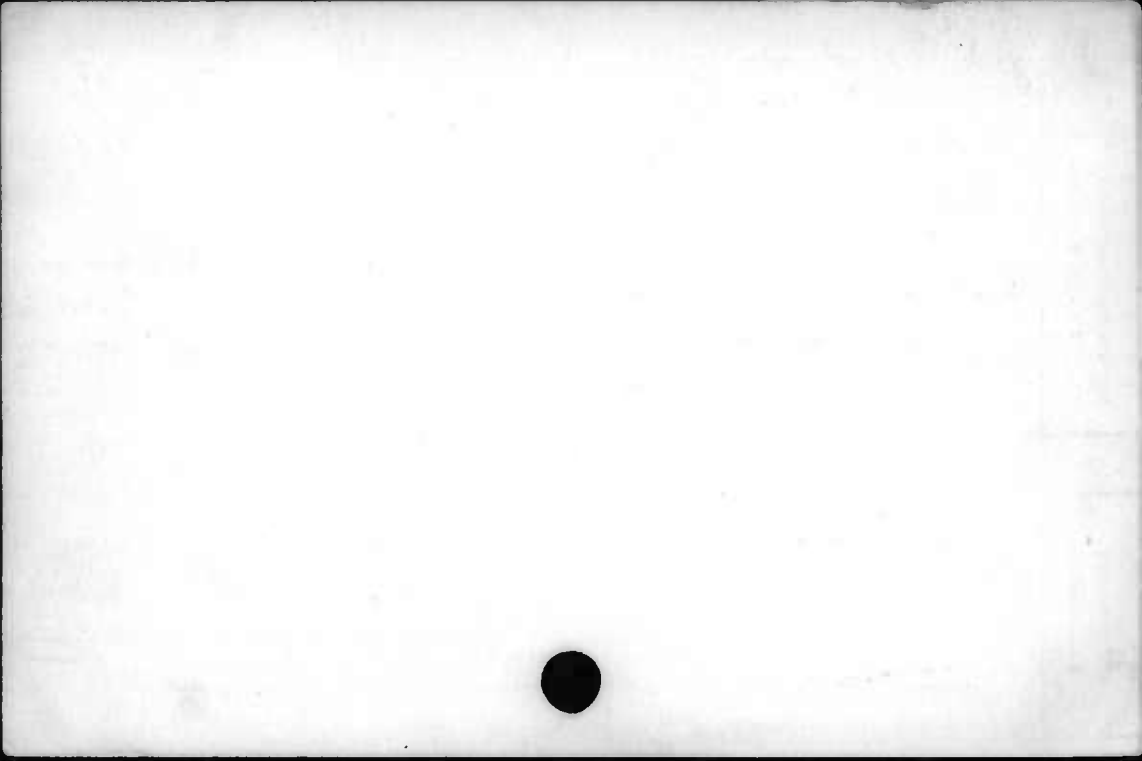
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kent District</i> <i>Prince George</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>31st</i>	Years <i>4</i> Months <i>4</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince George County</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>Prince George County</i>		
Married , Single <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Miss Susie Queen</i>	Mother's Birthplace <i>Prince George County</i>		
Name of person giving Information <i>Robert Queen</i>	How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>about one month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. A. Schoonover M.D.</i>
	Address <i>203 Anacostia Ave</i>
	<i>Berming D. C.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

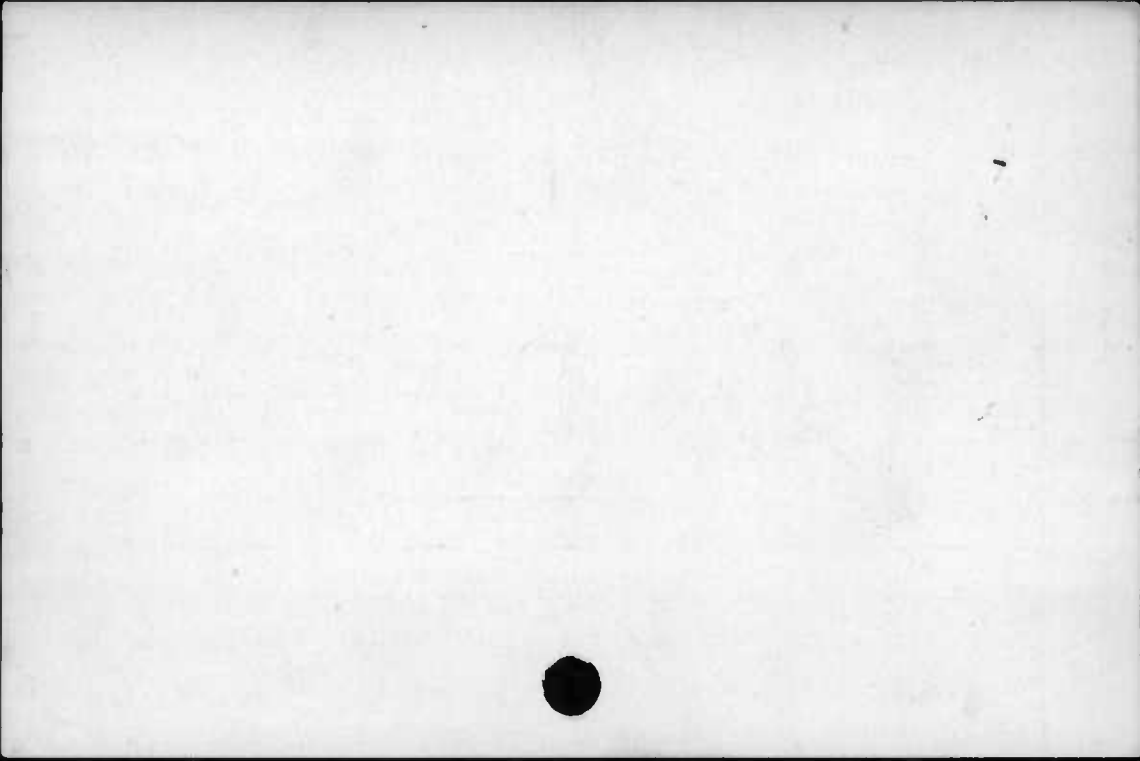
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Roy Richardson</i>		Town <i>Meadows</i>		County <i>Prince George</i>		MARYLAND							
Died at <i>Meadows</i>		Date of death 190 <i>6</i>		Month <i>July</i>		Day <i>24</i>		Age Years —		Months <i>13</i>		Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Meadows</i>		Occupation —		Where Residing If not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —											
Father's Name <i>Andrew Richardson</i>		Father's Birthplace <i>md</i>											
Mother's Maiden Name <i>Day</i>		Mother's Birthplace <i>md</i>											
Name of person giving information <i>Andrew Richardson</i>		How related to deceased <i>Father</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>7 wks.</i>	
Immediate <i>Exhaustion</i>		How long <i>6 da</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Sausbury M.D.</i>	
		Address <i>Forest Hill Md.</i>	
Accident or Suicide? —			



Name
in
Full

Hollie Siles

CERTIFICATE OF DEATH

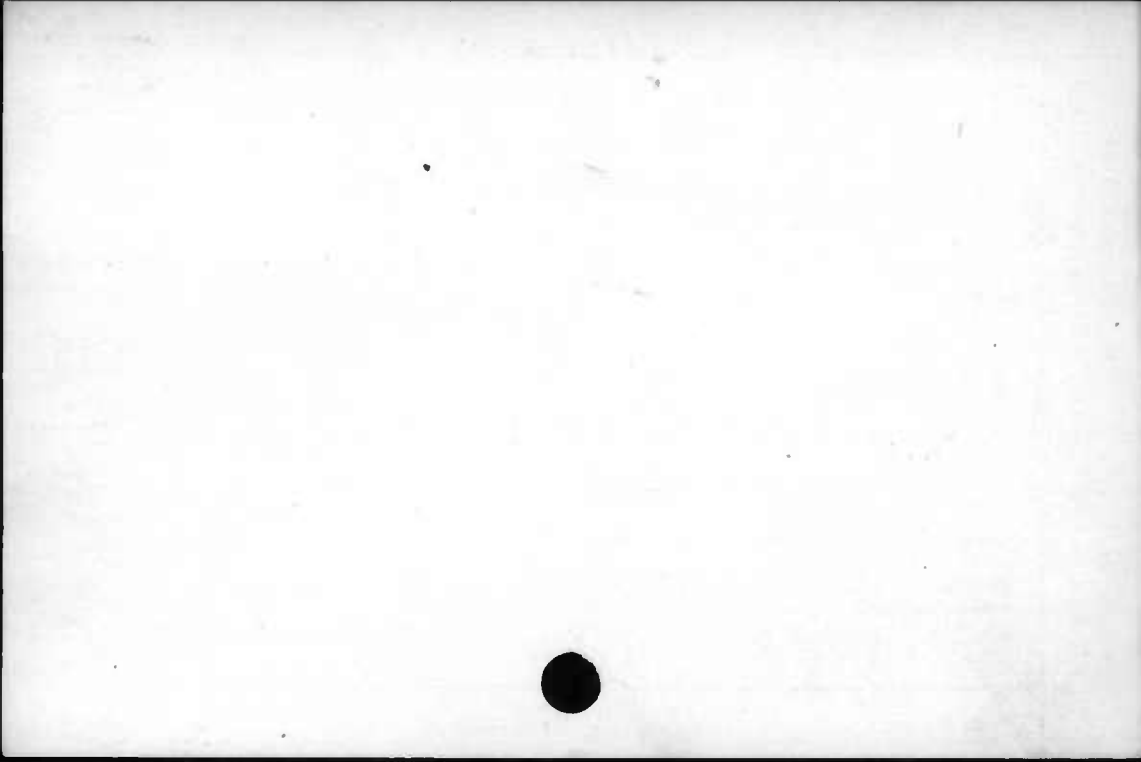
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Laurel</i>		County <i>Prince George</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>7</i>	Age Years <i>1</i>	Months <i>2</i> Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Laurel Md</i>				
Married, Single or Widowed <i>Yes</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Alfred B. Siles</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Gallie J. Buckett</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Alfred B. Siles</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>18. days</i>
Immediate <i>Spasms</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Hunt</i>
	Address <i>Laurel</i>
Accident or Suicide?	<i>Good</i>



Name
in
Full

William H Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mellwood ^{County} O G.

Date of death 1906 ^{Month} 7 ^{Day} 17 ^{Age} — ^{Years} — ^{Months} 2 ^{Days} —

Sex Male Color or Race Black Birth-place P. G. Co. Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name William H. Spencer Father's Birthplace P. G. Co

Mother's Maiden Name Lurinda Brooks Mother's Birthplace " " "

Name of person giving information William H Spencer How related to deceased Father

CAUSES OF DEATH

Primary Don't know 179 How long ————
Immediate " " How long ————

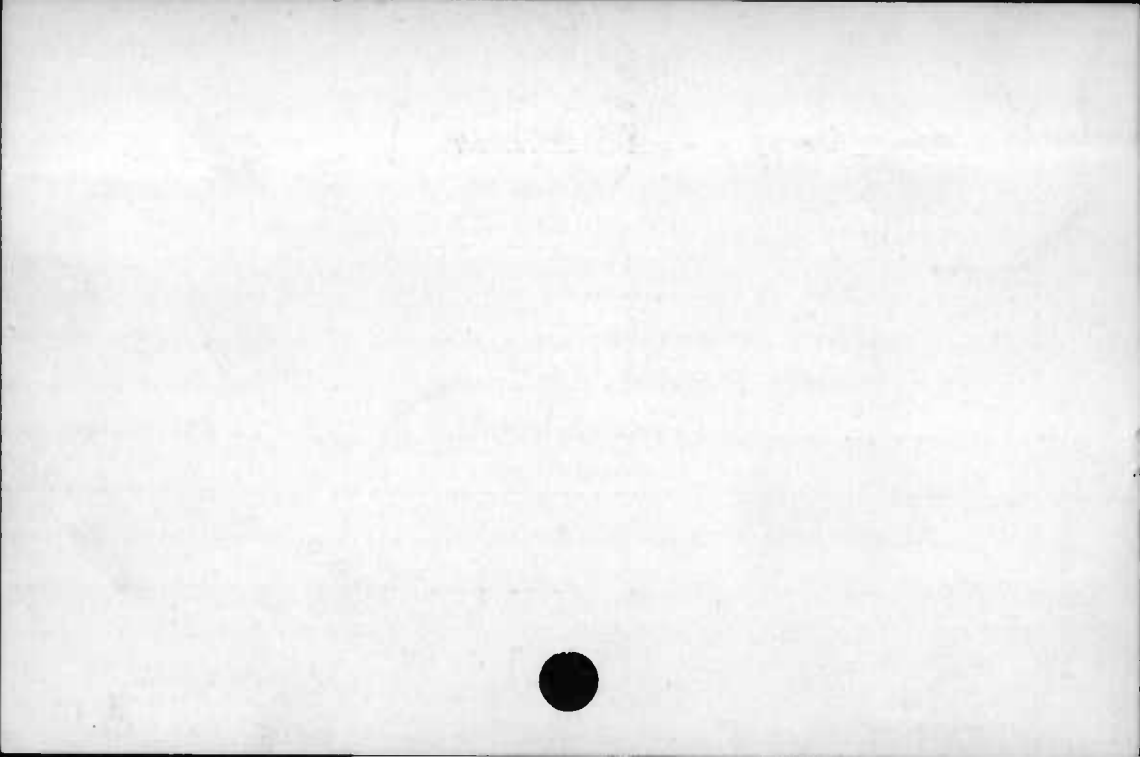
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician William H Spencer, Father
Address brook Station Ind

Accident or Suicide? ☐

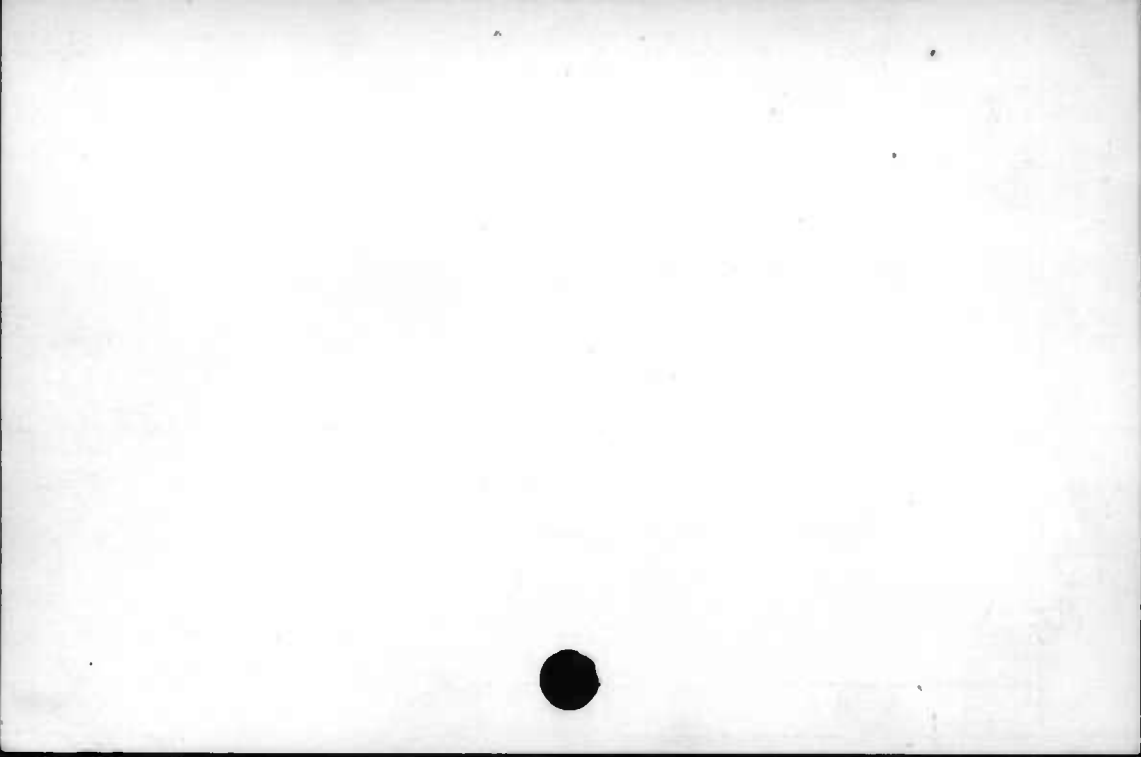
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER





Name in Full		Chas Tibbs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cortices		County		Pruce Geo
	Date of death		1906	Month	July	Day	15th
	Age		66		Years		66
	Sex		Male		Color or Race		Black
	Occupation		Laborer		Birth-place		Virginia
	Where Residing if not at place of death		Cortices				
	Married, Single or Widowed		yes		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Dart Warrum		Father's Birthplace		
	Mother's Maiden Name		Dart Warrum		Mother's Birthplace		
	Name of person giving information		William Sharlin		How related to deceased		Wife
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Typhoid		How long		10 days
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. R. Hunt		
			Address		Laurel Md		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ida Lippett

Town

County

MARYLAND

Died at

Aguasco

Pr. East.

Date

Month

Day

Age

Years

Months

Days

of death 1906

7

13

1 yr

2

Sex

Female

Color or
Race

White

Birth-
place

Charles Co. Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John F. Lippett

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Wilkinson

Mother's
Birthplace

Md.

Name of person giving
In formation

John T. Lippett

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 da

Immediate

Convulsions

How long

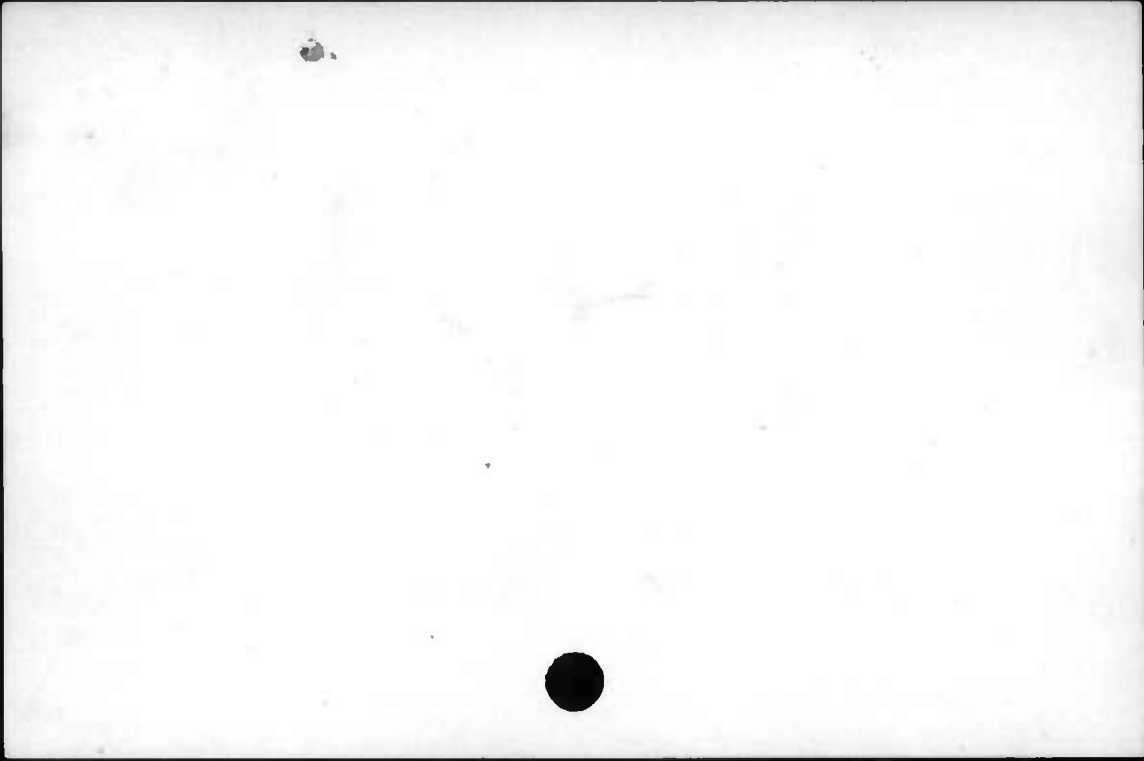
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. Morton Bowen

Aguasco Md

Accident or Suicide?



Name
in
Full

Thomas M. Turner

CERTIFICATE OF DEATH

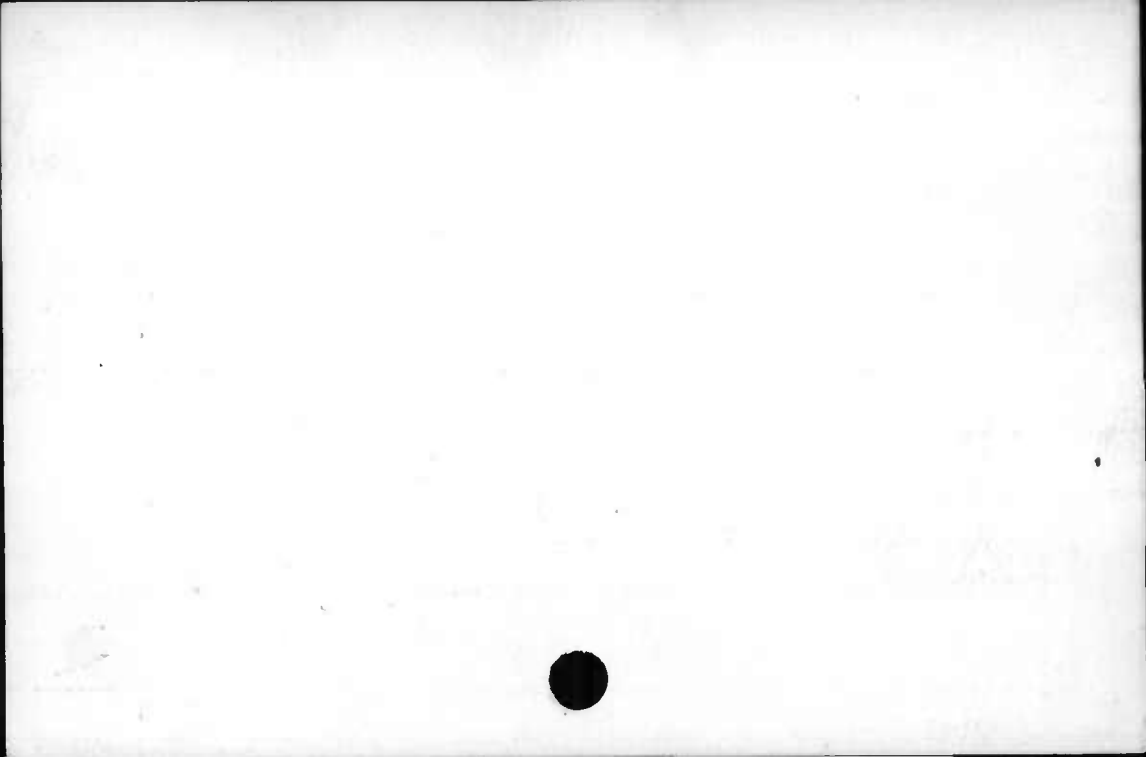
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	5	55			
Sex	male		Color or Race	Colored		Birth-place	Maryland
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Marie Hebron			
Father's Name	Wilson Turner				Father's Birthplace	Maryland	
Mother's Maiden Name	Ellen Turner				Mother's Birthplace	Maryland	
Name of person giving information	George Turner				How related to deceased	Step brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gun shot wound	How long	Immediate
Immediate	Cardiac hemorrhage	How long	1 Minute
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. R. Walker	
		Address	
		Halls, Md.	
Accident or Suicide?			
Homicidal			



Name
in
Full

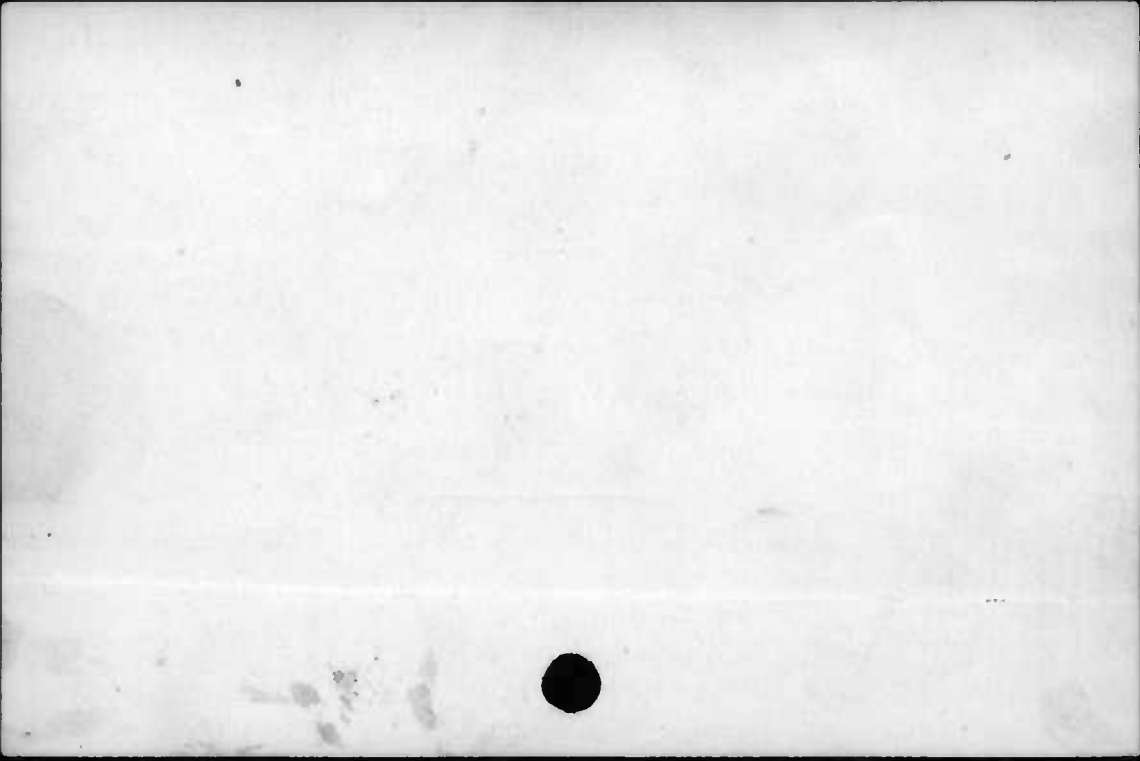
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

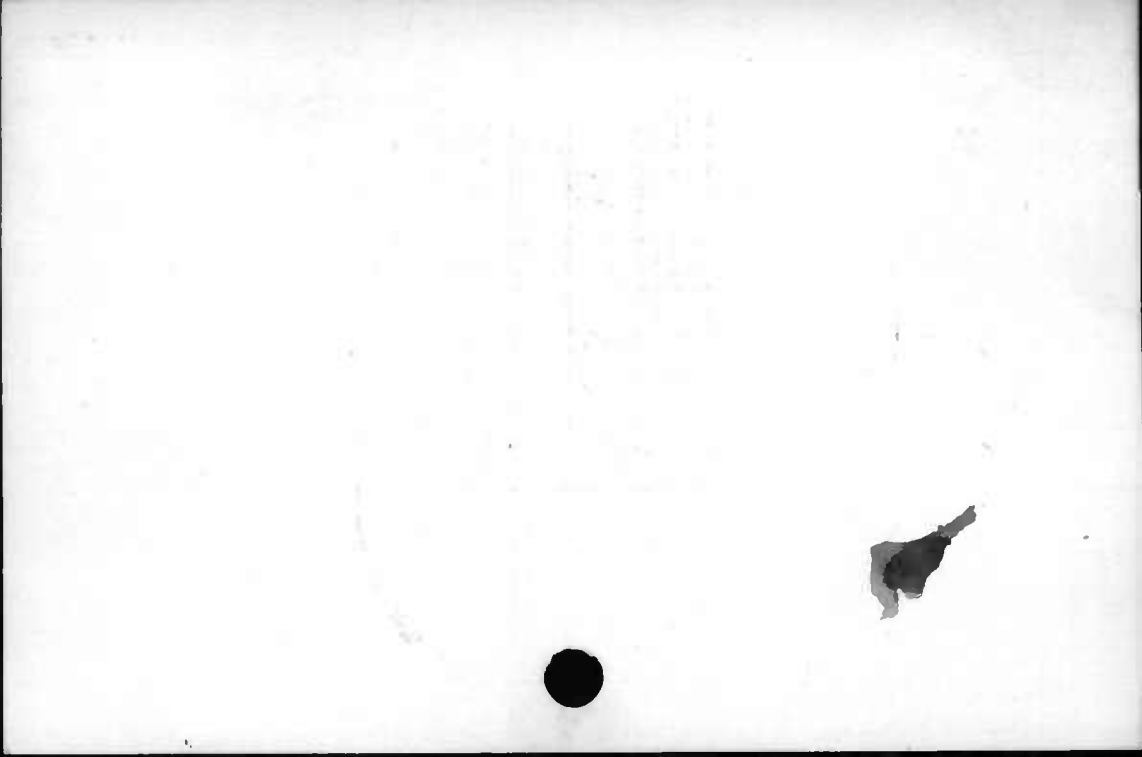
Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>3</i> <small>Day</small>	<i>3</i> <small>Years</small>	<i>4</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>M. d.</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>George H. Turpin</i>			Father's Birthplace	<i>M. d.</i>
Mother's Maiden Name	<i>Agnes Summers</i>			Mother's Birthplace	<i>M. d.</i>
Name of person giving information	<i>George H. Turpin</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Enter - Colitis</i>	How long	<i>2 wks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>ye</i>	Signature of Physician	<i>Dr. J. H. Whatmore</i>
		Address	<i>Hyattsville</i>
Accident or Suicide?	<i>Neither</i>		<i>M. d.</i>



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Glatz</i>		County <i>Prince Geo. Co.</i>		State <i>MARYLAND</i>	
	Date of death <i>1906</i>	Month <i>July</i>	Day <i>30</i>	Age <i>2 1/2</i>	Years <i>2 1/2</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Prince Geo Co</i>		
	Occupation <i>Child</i>		Where Residing if not at place of death <i>New Glatz Md</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
	Father's Name <i>Boyd Unkle</i>		Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Marron Cross</i>		Mother's Birthplace <i>Md</i>			
PHYSICIAN OR CORONER	Name of person giving information <i>(Father) Boyd Unkle</i>		How related to deceased <i>Father</i>			
	CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>		How long	<i>one week</i>	
	Immediate	<i>Assthemia</i>		How long	<i>2 days</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. M. Parker M.D.</i>		
	Address		<i>Congress Heights D.C.</i>			
Accident or Suicide? <i>No</i>						



Name
in
Full

Unknown

CERTIFICATE OF DEATH

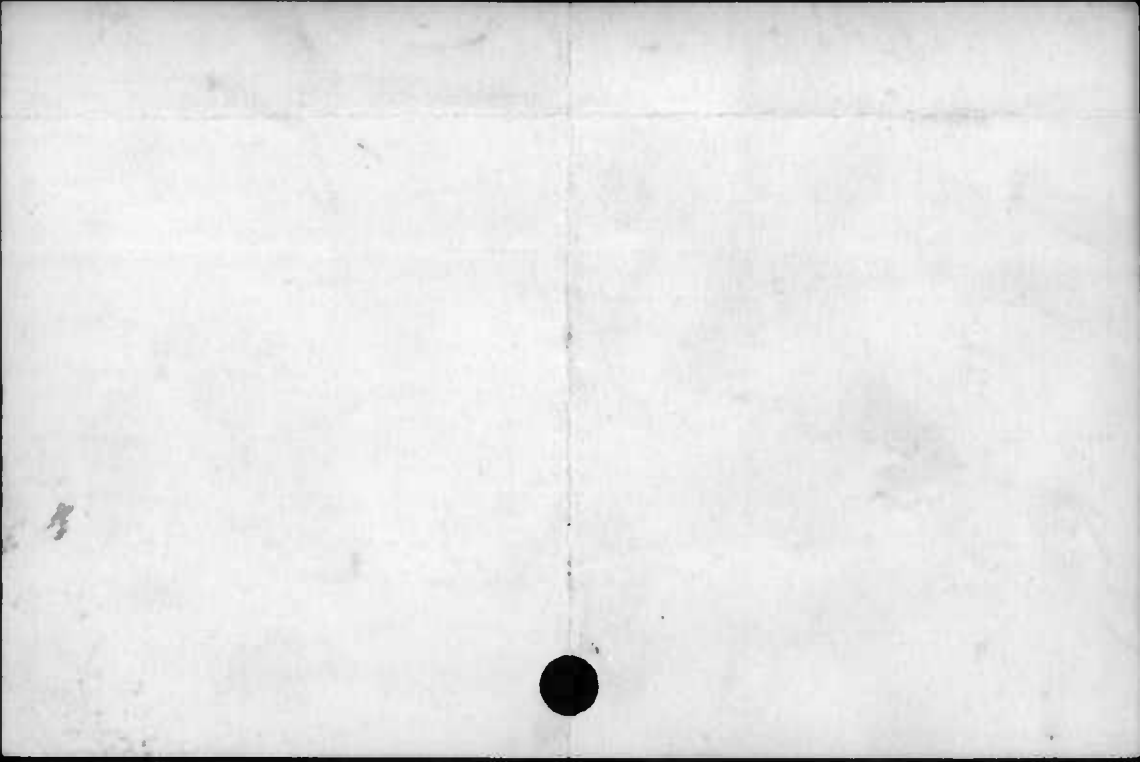
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Branchville, Prince Georges</i>		Town <i>Prince Georges</i>		County <i>MARYLAND</i>	
Date of death <i>1906 July</i>		Month <i>July</i>	Day <i>20th</i>	Years <i>Unknown</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Unknown</i>			
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Unknown</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>W. E. Frighman</i>		How related to deceased <i>W</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Struck by or fell from train on the</i>	How long <i>Death immediate</i>
Immediate Cause <i>B + O. Ry. —</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John J. Burch</i>
	Address <i>Coron... Bex... Md</i>
Accident or Suicide?	



Name
in
Full

Edward J. Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death <i>1906 July 27</i>		Month		Day		Age <i>52 years</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore Md</i>		Months	
Occupation <i>Bracer</i>		Where Residing if not at place of death <i>Earl Court apartment House St Paul & Preston St City</i>		Years		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence Walter</i>		Father's Name <i>George W Walter</i>		Father's Birthplace <i>Balto Md</i>	
Mother's Maiden Name <i>Sarah Rochester</i>		Mother's Birthplace <i>Kent Co Md</i>		Name of person giving information <i>Mr. J. C. Boygins</i>		How related to deceased <i>his friend</i>	

CAUSES OF DEATH

Primary

Hearting

How long

Immediate

Stomach

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry F Frost
Laurel
Pr. Geo. Co. Md.

Suicide?

Dr. W. H. Taylor

Laurel Me.

Name
in
Full

Matilda B. Westcamp

CERTIFICATE OF DEATH

Died at Rosaryville ^{Town} Prince George ^{County} **MARYLAND**

Date of death 1906 ^{Month} July ^{Day} 27th ^{Years} 58 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place md.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband W^m Westcamp

Father's Name Robert Brashers

Father's Birthplace France

Mother's Maiden Name Correlia Ward

Mother's Birthplace md.

Name of person giving information W^m Westcamp

How related to deceased Husband

CAUSES OF DEATH

Primary Pneumonia

How long 12 da's

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John E. Panchury M.D.
Forestville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary B. Mahan

CERTIFICATE OF DEATH

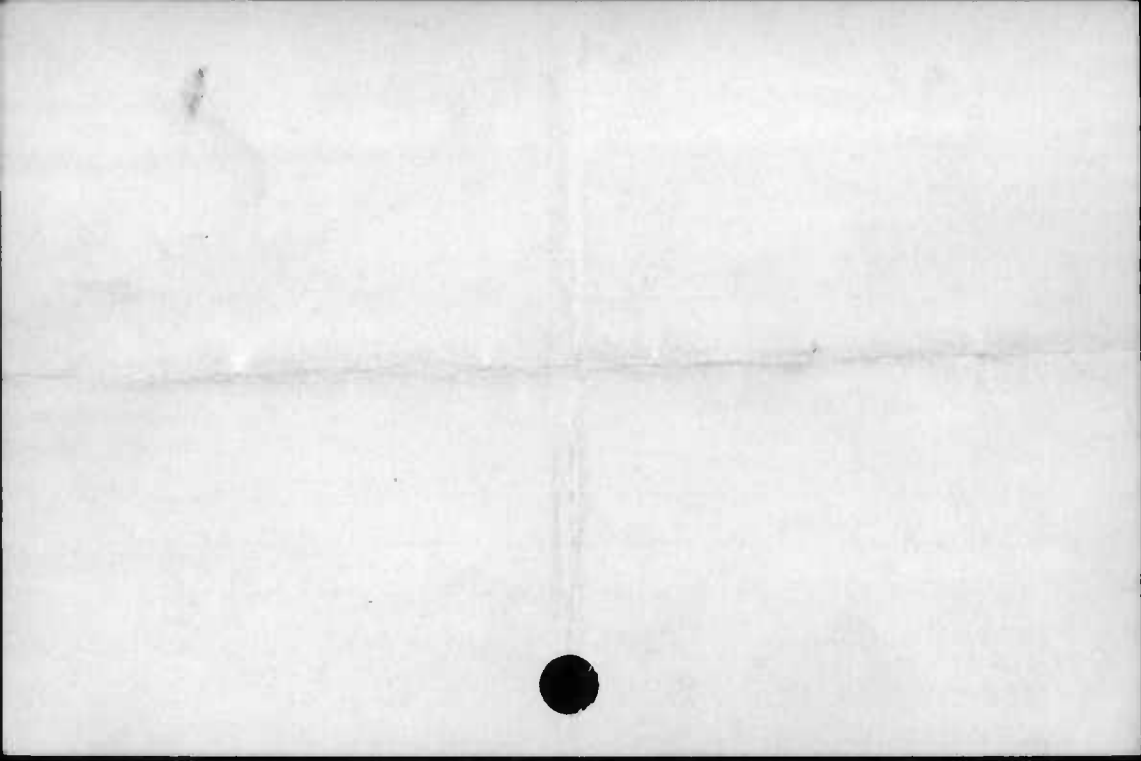
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>14</u>	Years <u>73</u>	Months <u>11</u>	Days <u>00</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Nicholas Mahan</u>				
Father's Name <u>Donice Graham</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Mary B. Graham Scott</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Mamie C. Mahan</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Spontaneous</u>	How long <u>1 hr approx</u>
Immediate <u>Prostration + heart</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address <u>C. A. Fox</u>
Accident or Suicide?	<u>Baltimore Md</u>



Name
in
Full

Mrs Lydia Williams

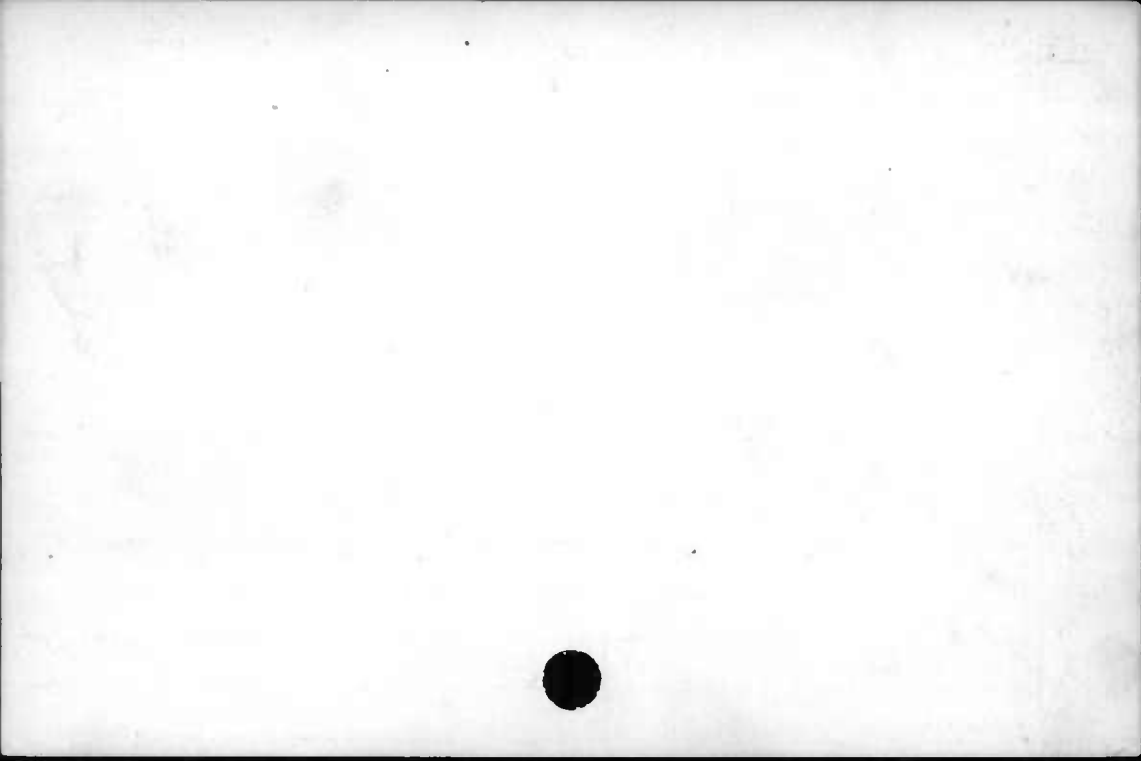
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glenn Dale		County Price Geo.		MARYLAND	
Date of death		Month July	Day Wed.	Years Age 80	Months		Days
Sex	female		Color or Race	Negro.		Birth-place	Price Geo. Co.
Occupation	servant			Where Residing if not at place of death		Glenn Dale	
Married, Single or Widowed	Widow		Name of Wife or Husband	Thomas Williams			
Father's Name	Geo. Sims					Father's Birthplace	—
Mother's Maiden Name						Mother's Birthplace	—
Name of person giving information	Mrs M. M. Duvall.					How related to deceased	—

CAUSES OF DEATH

Primary	Cancer	How long	45	How long	several years
Immediate	—	How long	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Duvall M.D. Springfield Mich.			
Accident or Suicide?		Address —			



Name In Full

Certificate of Death

Annie Wilson

Town

County

Died at

Hyattsville

Prince Geo.

MARYLAND

Date 19

06

Month

Day

Y.

M.

D.

Native of

Occupation

July 21

Age

49 - -

Md

seamstress

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

11725

Husband

of

Wife

James H. Wilson

Father's

Name

Geo. Hartley

Mother's

Maiden Name

Sarah Brady

Cause of

Primery

Cerebral Apoplexy

How long sick

6 days

Death

Immediate

(14)

Accident, Suicide, Homicide

Reported by

W. P. Carr

Address

Hyattsville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7898



Name in Full *Pauline Zellers*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brethwood</i> Town		<i>Pa. Seco</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>13</i>	Age <i>1</i>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Brethwood Md</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm Zellers</i>		Father's Birthplace <i>Washington DC</i>			
Mother's Maiden Name <i>Hattie Edwards</i>		Mother's Birthplace <i>New York NY</i>			
Name of person giving information <i>Wm Edwards</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-Spinal Meningitis</i>	How long	<i>(61) 3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. W. R. Palmer</i>
		Address	<i>Higdonville Md</i>
Accident or Suicide?	<i>Neither</i>		

